2006/2007 : Report 10

OFFICE OF THE

Auditor General of British Columbia

Follow-up of 2004/2005 Report 2:

In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers

February 2007

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The Honourable Bill Barisoff
Speaker of the Legislative Assembly
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Parliament Buildings
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Dear Sir:

I have the honour to transmit herewith to the Legislative Assembly of British Columbia my 2006/07 Report 10: Follow-up of 2004/2005 Report 2: In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers.

Arn van Iersel, CGA
Auditor General (Acting)

Victoria, British Columbia
February 2007

copy: Mr. E. George MacMinn, Q.C.
Clerk of the Legislative Assembly

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Acting Auditor General's Comments

I am pleased to present the results of my Office's follow-up work on the June 2004 report "In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers." We perform follow-up reviews to provide the Legislative Assembly and the public with an update on the progress made in implementing our recommendations. Our recommendations are designed to improve public sector performance, and are an important value-added component of our work. The current approach to follow-up reports as previously agreed to with the Public Accounts Committee is summarized in Appendix B. In December 2006, the Public Accounts Committee discussed changes to the process and the Office is now reviewing and updating the current information. Rather than delay any follow-up reports we have issued this report based on the process as summarized in Appendix B. As we complete a follow-up review, we provide a report to the Legislative Assembly, which is referred to the Select Standing Committee on Public Accounts

Our approach to completing our follow-up reviews is to ask management of the organizations with responsibility for the matters examined to provide us with written representations describing action taken with respect to the recommendations. We then review these representations to determine if the information reported, including an assessment of the progress made in implementing the recommendations, was presented fairly in all significant respects (Appendix C). For this follow-up report, we concluded that it was.

In this report, we provide a summary of the original report, our overall conclusion, a summary of the overall status of recommendations and the health authority responses to our request for an accounting of progress. I am pleased that our recommendations have been accepted and that action has been taken to implement them. The six health authorities have addressed the findings by having completed implementation of many of the recommendations and initiating action on all the rest. I encourage them to continue their efforts such that all the findings are fully resolved.

Acting Auditor General's Comments

I wish to express my appreciation to the staff and senior management of the health authorities for their cooperation in preparing the follow-up report, providing the appropriate documentation and assisting my staff throughout the review process.

Arn van Iersel, CGA
Auditor General (Acting)

Victoria, British Columbia
February 2007

Report on the Status of Recommendations

This is our report on our follow-up of our recommendations from our 2004/2005: Report 2: In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers.

Information as to the status of the recommendations was provided to us individually by each of the six Health Authorities. We reviewed the Authorities' responses in September/October 2006 regarding progress in implementing the recommendations. Our review was made in accordance with standards for assurance engagements established by the Canadian Institute of Chartered Accountants and, accordingly, consisted primarily of enquiry, document review and discussion.

Based on this review, nothing has come to our attention to cause us to believe that the Authorities' progress reports do not present fairly, in all significant respects, the progress made in implementing the recommendations contained in our 2004/2005 Report 2: In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers.

Arn van Iersel, CGA
Auditor General (Acting)

February 2007

In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers

Audit Purpose and Scope

The purpose of this audit was to determine how well the health authorities in British Columbia are managing the workplace to ensure a healthy work environment for the province's health care workers.

Specifically, we examined whether the health authorities are:

- providing leadership in establishing and maintaining a healthy work environment;
- promoting a healthy work environment; and
- monitoring and reporting on the health of their employees and the work environment.

The audit focused on the five geographically defined health authorities and the Provincial Health Services Authority that were created as of December 2001. We did not review the work environment of paramedical and other staff directly employed by the health ministries (Health Services and Health Planning), or the work environment for doctors and contractors. Our audit fieldwork was carried out from April 2003 to January 2004.

Overall Conclusion

We concluded that Health Authority leaders need to focus more attention on creating a healthy work environment for their employees. The five geographically defined health authorities have some of the building blocks in place to create a healthy work environment for their employees. However, the ability to sustain and build on these are constrained—by a lack of directed funding, by a lack of focus and by a lack of integrated information about all aspects of employee health and the work environment, but particularly information about what employees think of their work environment and whether current strategies and resources are addressing employee health needs and work environment conditions. As well, managers have been unable to devote sufficient attention to understanding and addressing employee needs.

The Provincial Health Services Authority is only in the very early stages of developing a unified approach to occupational health and wellness and the overall work environment. Many policies and programs related to occupational health and wellness remain at an individual facility level.

In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers

Original Issue Date: June 2004

Year Followed Up: 2006

Summary of Status as at December 31	Northern Health Authority	Interior Health Authority	Vancouver Coastal Health Authority	Fraser Health Authority	Vancouver Island Health Authority	Provincial Health Services Authority
Total Recommendations	15	15	15	15	15	15
Fully Implemented		1	2	1	1	7
Substantially Implemented	5	7	11	9	8	1
Partially Implemented	10	7	2	5	6	7
Alternative Action						
No Action						
Follow-up Required	10	7	2	5	6	7

Recommendations Requiring Follow-up

Northern Health Authority

To enhance leadership, the health authorities should:

- **Ensure that the health of the work environment is included in the performance appraisal of all senior and frontline managers.**
- **Demonstrate in word and action that employee health and well-being are important to organizational success.**
- **Develop costing information for the initiatives in their human resource and occupational health and wellness plans in order to understand their return on investment.**
- **Ensure in conjunction with partner agencies, that all initiatives are well coordinated to maximize both the funds and effort being directed to creating a healthy work environment.**

To promote a healthy work environment, the health authorities should:

- **Ensure that their actions are consistent with their communications to staff.**
- **Review the extent of managers' control and ensure that it is not beyond a limit to be effective.**

- **Assess the work environment for risks to staffs' mental health and develop an action plan to mitigate the risks.**
- **Consider ways to promote a healthy lifestyle among their employees.**
- **Assess the work environment for risk of violence to staff safety and security and develop an action plan to mitigate the risk.**

To monitor and report on the work environment, the health authorities should:

- **Determine in conjunction with the Ministry of Health, what indicators of employee and workplace health should be reported publicly on a regular basis.**

Interior Health Authority

To enhance leadership, the health authorities should:

- **Ensure that the health of the work environment is included in the performance appraisal of all senior and frontline managers.**

To promote a healthy work environment, the health authorities should:

- **Review the extent of managers' control and ensure that it is not beyond a limit to be effective.**
- **Assess the work environment for risks to staffs' mental health and develop an action plan to mitigate the risks.**
- **Consider ways to promote a healthy lifestyle among their employees.**
- **Assess the work environment for risk of violence to staff safety and security and develop an action plan to mitigate the risk.**

To monitor and report on the work environment, the health authorities should:

- **Have senior management work with their board members to determine what employee health and work environment indicators are important to collect and report on a regular basis, and how to evaluate if current policies, programs and resources are meeting employee and workplace needs.**
- **Determine in conjunction with the Ministry of Health, what indicators of employee and workplace health should be reported publicly on a regular basis.**

Vancouver Coastal Health Authority

To promote a healthy work environment, the health authorities should

- **Review the extent of managers' control and ensure that it is not beyond a limit to be effective.**

To monitor and report on the work environment, the health authorities should:

- **Determine in conjunction with the Ministry of Health, what indicators of employee and workplace health should be reported publicly on a regular basis.**

Fraser Health Authority

To promote a healthy work environment, the health authorities should

- **Review the extent of managers' control and ensure that it is not beyond a limit to be effective.**
- **Assess the work environment for risks to staffs' mental health and develop an action plan to mitigate the risks.**
- **Consider ways to promote a healthy lifestyle among their employees.**

To monitor and report on the work environment, the health authorities should:

- **Have senior management work with their board members to determine what employee health and work environment indicators are important to collect and report on a regular basis, and how to evaluate if current policies, programs and resources are meeting employee and workplace needs.**
- **Determine in conjunction with the Ministry of Health, what indicators of employee and workplace health should be reported publicly on a regular basis.**

Vancouver Island Health Authority

To enhance leadership, the health authorities should:

- **Put in place appropriate mechanisms to gather data on employee health indicators and work environment conditions. The health authorities should then incorporate the information into their human resource plans.**

Summary of Status of Recommendations

To promote a healthy work environment, the health authorities should:

- **Review the extent of managers' control and ensure that it is not beyond a limit to be effective.**
- **Assess the work environment for risks to staffs' mental health and develop an action plan to mitigate the risks.**
- **Ensure that their appointees to the Joint Occupational Health and Safety Committees attend meetings regularly and recognize occupational health and safety as part of their responsibilities.**

To monitor and report on the work environment, the health authorities should:

- **Implement a human resource information system that will provide data needed for developing a comprehensive picture of employee and workplace health.**
- **Determine in conjunction with the Ministry of Health, what indicators of employee and workplace health should be reported publicly on a regular basis.**

Provincial Health Services Authority

To enhance leadership, the health authorities should:

- **Ensure that the health of the work environment is included in the performance appraisal of all senior and frontline managers.**
- **Put in place appropriate mechanisms to gather data on employee health indicators and work environment conditions. The health authorities should then incorporate the information into their human resource plans.**

To promote a healthy work environment, the health authorities should:

- **Review the extent of managers' control and ensure that it is not beyond a limit to be effective.**
- **Assess the work environment for risks to staffs' mental health and develop an action plan to mitigate the risks.**
- **Assess the work environment for risk of violence to staff safety and security and develop an action plan to mitigate the risk.**

Summary of Status of Recommendations

To monitor and report on the work environment, the health authorities should:

- **Implement a human resource information system that will provide data needed for developing a comprehensive picture of employee and workplace health.**
- **Determine in conjunction with the Ministry of Health, what indicators of employee and workplace health should be reported publicly on a regular basis.**

Northern Health Authority

Summary of Status of Implementation by Recommendation 2004/2005 Report 2: In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers

As at December 31, 2005

Office of the Auditor General of British Columbia Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
To enhance leadership, the health authorities should:					
Ensure that the health of the work environment is included in the performance appraisal of all senior and frontline managers.			✓		
Demonstrate in word and action that employee health and well-being are important to organizational success.			✓		
Put in place appropriate mechanisms to gather data on employee health indicators and work environment conditions. The health authorities should then incorporate the information into their human resource plans.		✓			
Develop costing information for the initiatives in their human resource and occupational health and wellness plans in order to understand their return on investment.			✓		
Ensure in conjunction with partner agencies, that all initiatives are well coordinated to maximize both the funds and effort being directed to creating a healthy work environment.			✓		
To promote a healthy work environment, the health authorities should:					
Ensure that their actions are consistent with their communications to staff.			✓		
Review the extent of managers' control and ensure that it is not beyond a limit to be effective.			✓		
Assess the work environment for risks to staffs' mental health and develop an action plan to mitigate the risks.			✓		

Summary of Status of Implementation

Office of the Auditor General of British Columbia Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
To promote a healthy work environment, the health authorities should: *(Cont'd)*					
Consider ways to promote a healthy lifestyle among their employees.			✓		
Ensure that their appointees to the Joint Occupational Health and Safety Committees attend meetings regularly and recognize occupational health and safety as part of their responsibilities.		✓			
Assess the work environment for risk of violence to staff safety and security and develop an action plan to mitigate the risks.			✓		
To monitor and report on the work environment, the health authorities should:					
Implement a human resources information system that will provide data needed for developing a comprehensive picture of employee and workplace health.		✓			
Ensure that all new initiatives include an evaluation component.		✓			
Have senior management work with their board members to determine what employee health and work environment indicators are important to collect and report on a regular basis, and how to evaluate if current policies, programs and resources are meeting employee and workplace needs.		✓			
Determine in conjunction with the Ministry of Health Services, what indicators of employee and workplace health should be reported publicly on a regular basis.			✓		

Northern Health Authority

Progress on Implementing the Recommendations on 2004/2005 Report 2: In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers

As at December 31, 2005

To enhance leadership, the health authorities should:

Ensure that the health of the work environment is included in the performance appraisal of all senior and frontline managers.

Partially implemented.

- To support a culture that is consistent with the MoH direction, Northern Health has incorporated Employee/Workplace Health and Safety goals and objectives into the Executive Teams annual performance plans in 2005/06. This will continue into the future and will expand to include all non-contract staff. Performance plans are reviewed with individuals twice annually.
- The performance plan structure will help individuals identify and support Northern Health strategies through their personal and departmental action plans. This process will be integral component in the evolution to creating a performance-based, safe and healthy culture within Northern Health.

Demonstrate in word and action that employee health and well-being are important to organizational success.

Partially implemented.

- Responses to each of the recommendations made by the Auditor General will demonstrate that Northern Health has an annual and long-term strategy for achieving its healthy workplace goals.

Summary of Status of Implementation

Put in place appropriate mechanisms to gather data on employee health indicators and work environment conditions. The health authorities should then incorporate the information into their human resource plans.

Substantially implemented.

- Since 2004, NH has been utilizing the Workplace Health Indicator Tracking and Evaluation (WHITE) system as its foundational data gathering system. White collects information on employee illness, injury and disability management programs such as Return to Work. WHITE tracks outcomes of injuries and illnesses, corrective actions, accountability and any planned interventions. As well, WHITE collects information and data on the Prevention and Early Active Return to Work Safely (PEARS) program clients including tracking of clinical outcomes and interventions.
- Northern Health now has 2 full calendar years of WCB claims, sick leave and LTD claims data that is available to decision-makers. This data is available by cost centre, site and department.
- Our prevention efforts include collection, analysis and interpretation of all occurrence, injury and illness data. In part, Northern Health's prevention programs are designed through interventions that apply the information from WHITE in a systematic prioritization method.
- Northern Health utilizes information generated from quarterly reports supplied by our Employee and family Assistance Program (EFAP) Provider to identify and interpret current trends and risk areas. Analysis of this information is used to develop and deliver education programs to staff and implement control strategies to eliminate or reduce risk in the work environment.
- A baseline has been identified for sick time using 2004/2005 statistics. Reduction targets have been established for 2005/06, 2006/07 and 2007/08. This performance indicator is built into the Executives annual performance plan and results are measured and circulated throughout the organization monthly. Area Safety Advisors within each Health Service Delivery Area (HSDA) meet with Leadership Teams and frontline supervision to review status and assist in developing site and department specific action plans.

Develop costing information for the initiatives in their human resource and occupational health and wellness plans in order to understand their return on investment.

Partially implemented.

- Beginning in the 2005/06 fiscal year, all Northern Health's healthy workplace strategic initiatives are established with the development of a business case to demonstrate the value to the organization. The business case identifies the process to be used, expected ROI and the tracking and evaluation tools to be used.
- Northern Health works closely with all other BC health authorities and external resources (Provincial and Federal) to obtain start-up cost, organizational impact and expected ROI information and studies previously conducted. Some examples include:
  - A business case identifying resources needed and expected return on investment to support a regional wide MSIP process based on established best practices and successes in other health Authorities throughout Canada.
  - The PEARS program pilot demonstrated a level of return on investment through the reduction in injury duration.
  - The Safe Patient handling program pilot is currently being monitored and evaluated for employee acceptance, injury frequency and duration reduction and ROI.
  - A program pilot on the use of safety engineered needles and syringes is currently planned for three sites within Northern Health.
  - Planned evaluation and review of our WCB premiums and merit/demerit status.

Ensure in conjunction with partner agencies, that all initiatives are well coordinated to maximize both the funds and effort being directed to creating a healthy work environment.

Partially Implemented.

- Northern Health has a continuing relationship with all partner agencies and is undertaking several major projects in conjunction with WorkSafe BC, Occupational Health and Safety Agency for Healthcare in BC (OHSAH), Healthcare Benefit Trust (HBT), Med Buy and other BC authorities. Northern Health is continually partnering with the above agencies in research grant application, funding applications and provincial strategies.

The list of projects currently underway includes:

— Establishment of a Regional Musculoskeletal Injury Prevention Steering Committee.

— PEARS pilot at Prince Rupert Hospital including the establishment of a PEARS Steering Committee.

— Development of an Early Return to Work program in collaboration with HBT to access early rehabilitation interventions.

— Safe Patient Handling initiative to develop and implement a safe patient handling program for acute, residential and community care.

— Development and completion of a Safety Engineered Needle product trail in conjunction with other health authorities and unions throughout Canada.

— Development and implementation of a standardized Emergency Preparedness program including community consultation and mutual aid agreements.

To promote a healthy work environment, the health authorities should:

Ensure that their actions are consistent with their communications to staff.

Partially Implemented.

- Business cases have been developed to support Health and Wellness initiatives.
- Tools have and continue to be developed to evaluate the effectiveness and ROI of initiatives.
- Northern Health conducts necessary research in order to utilize established best practices.

Review the extent of managers' control and ensure that it is not beyond a limit to be effective.

Partially Implemented.

- Established and implemented a Non-contract Performance Management Review Process which requires all non-contract personnel, including management and executives, to set annual goals including WH and S where applicable, and to discuss progress twice annually.
- We have analyzed our spans of control. Some of them were and are unrealistically large. We are addressing reorganization initiatives

in several areas to establish spans of control that are realistic and practical given current operational and budget considerations. One of our approaches in some of our sites is to ensure that the Head Nurses function to the full scope of practice contemplated in the BCNU Collective Agreement.

- Northern Health when officially formed was quite centralized to facilitate the establishment of standards and consistency of practice and policies across the authority. In the fall of 2004 Northern health moved much of the day-to-day decision-making back to the three HSDA teams to allow effective decision-making, locally, while maintaining some overall Northern Health standards.
- In the fall of 2005, Northern Health established a Management and Leadership development Task Force with senior representation across the Health Authority to design appropriate strategies for management and leadership training and development. The first step has been to develop a fully articulated set of management competencies for the Northern Health leadership and the management group. Flowing from these competencies will be curriculum development that will include hard skills in areas such as business case writing, finance for non-financial managers and effective communications, as well as a series of courses and developmental opportunities related to people management and leadership skills.

Assess the work environment for risks to staffs' mental health and develop an action plan to mitigate the risks.

Partially Implemented.

- Northern Health has plans to work with their EFAP provider, HBT and OHSAH in the 2006/07 fiscal year to identify stressors in the workplace and develop an action plan to mitigate the risks.
- Northern Health is also supporting the research and pilot programs that authorities have funded OHSAH to complete regarding Employee Mental Health.
- Northern Health plans to expand the Early Intervention and Return-to-Work Safely pilot projects to become an integrated service across the authority. The plan will see PEARS expand the current musculoskeletal injury prevention and early intervention initiatives from two current sites to all facilities and communities within Northern Health. In addition, WH and S services will expand to include any mental health stressors identified from the above collaborative research.

Consider ways to promote a healthy lifestyle among their employees.

Partially Implemented.

- Northern Health is supporting the promotion of healthy lifestyles among employees with a number of initiatives:
  - — We have Wellness Committee's with a mandate to plan and implement health promotion education and activities for employees in many of our sites at present,
  - — Onsite massage and/or reflexology is scheduled periodically at many sites,
  - — A smoking cessation program is offered to all staff which includes aids to reduce withdrawal symptoms, a help line and coaching/mentorship,
  - — Safe driving courses offered to staff, and
  - — We are partnering with our EFAP provider to deliver primary mental health prevention education and strategies.

Ensure that their appointees to the Joint Occupational Health and Safety Committees attend meetings regularly and recognize occupational health and safety as part of their responsibilities.

Substantially implemented.

- There are Joint Occupational Health and Safety Committees (JOHSC) at every site within Northern Health.
- Each of the committees has terms of reference, a written process to communicate concerns to senior management, written accident investigation, inspection and hazard reporting guidelines. Committee members also conduct regular reviews of injury and accident statistics.
- A report card system has been developed and implemented to track JOHSC meetings and responsibilities.
- Quorums at meetings are sometimes difficult to meet due to other work pressures or other issues. Alternates for committee members have now been identified and reports are indicating regular meetings are been held.
- Workplace Health and Safety, Corporate Services conducts jointly with the site JOHSV, a complete assessment of Health and Safety Management Systems at each site approximately every eighteen months. Each site at NH has been assessed at least once in the past 18 months.

Assess the work environment for risk of violence to staff safety and security and develop an action plan to mitigate the risk.

Partially Implemented.

- Risk identification and control for violence and aggressive behaviour is a continuous process in Northern Health. Risk mitigation strategies include utilizing the Work Safe Five-Step Program, ongoing risk assessments, policies and procedures review, education and training, as well as provision of security systems and services.
- Risk Assessments
  Complete risk assessments of Northern Health worksites are underway. In 2005, four of our sites had a physical risk assessment completed by external security firms. The findings from both above assessments will be used to assist Northern Health in establishing a long-term strategic plan.
- Policies and Procedures
  Using the Work Safe Violence in the Workplace Guidelines, each Northern Health site has developed, or is in the process of completing, specific procedures to identify and mitigate the risk of violence to staff. These procedures are based on the findings from the risk assessments completed. In 2005 a Northern Health Prevention and Management of Aggressive Behaviour Policy was drafted and reviewed by the Prevention Management of Aggressive Behaviour Advisory Team. A final draft will be presented to Northern Health Executive early in 2006. Northern Health also continues to work with other Health Authorities, OHSAH and union representatives on a provincial committee to identify best practices and work towards the development of a standardized program across BC.
- Education and Training
  Northern Health is utilizing two separate education and training courses for aggression prevention in the workplace, CPPI and MANDT. We have developed several train the trainers in each cluster within each Health Service Delivery Area. Train the trainer programs will continue on an annual basis so as to increase our capacity for education delivery.
- Security
  Northern Health policies and security services are currently being reviewed and revised as part of the Ministry of Health Risk Event Policy implementation. Two separate security organizations have completed four audits across NH. The policy review and security audit findings will be used to assist in the development of both long-term and short-term strategy for patient, client visitor protection.

To monitor and report on the work environment, the health authorities should:

Implement a human resources information system that will provide data needed for developing a comprehensive picture of employee and workplace health.

Substantially Implemented.

- As noted in response to recommendation #3—Northern Health has fully implemented the WHITE system as of November 2004. The WHITE system is also linked to our HRIS and financial system. WHITE allows for electronic submission of Form 7's directly to WCB as well as allowing for direct provision of claims numbers and claims information by WCB through the same linkage. WHITE, HRIS, financial and the WCB system are intra-operative systems that avoid duplication of entry and, provide a data warehouse of information for risk identification, intervention prioritization and cost analysis. These systems will provide a validated assessment and prioritization model that would allow NH to establish a long-term action plan regarding healthy workplaces.

Ensure that all new initiatives include an evaluation component.

Substantially Implemented.

- In April 2005, a new role was created within our Workplace Health Team: Wellness Advisor. One of the functions of that position is to ensure that every new initiative developed within the Workplace Health team includes an evaluation component.

Have senior management work with their Board members to determine what employee health and work environment indicators are important to collect and report on a regular basis, and how to evaluate if current policies, programs and resources are meeting employee and workplace needs.

Substantially Implemented.

- Northern Health's Board of Directors as a component of their strategic plan includes a specific goal and objective on Work Life and Wellness at Work.
- Northern Health's annual plan includes a number of indicators that are directly related to our workplace health initiatives. Indicators include: frequency of injury occurrence and work days lost due to WCB claims; number of days lost due to LTD claims; sick time statistics and trending.

- Reports on Workplace Health and Safety are submitted to the Board at each Board meeting. The Board through the Governance Human Resources and Communications Committee receives a report annually on the WH and S strategic direction and initiatives, which are aligned with Northern Health's overall strategic goals for workplace wellness.

Determine, in conjunction with the Ministry of Health Services, what indicators of employee and workplace health should be reported publicly on a regular basis.

Partially Implemented.

- Discussions on this topic between MoHS executive staff and, CEO, Vice Presidents HR have begun and are ongoing.
- The 2005/06 Performance Agreement between Northern Health and the Ministry of Health established a specific target of reducing sick leave as a proportion of productive hours by 10% by December 2008 (from 2004 baseline).

Interior Health Authority

Summary of Status of Implementation by Recommendation 2004/2005 Report 2: In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers

As at December 31, 2005

Office of the Auditor General of British Columbia Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
To enhance leadership, the health authorities should:					
Ensure that the health of the work environment is included in the performance appraisal of all senior and frontline managers.			✓		
Demonstrate in word and action that employee health and well-being are important to organizational success.		✓			
Put in place appropriate mechanisms to gather data on employee health indicators and work environment conditions. The health authorities should then incorporate the information into their human resource plans.		✓			
Develop costing information for the initiatives in their human resource and occupational health and wellness plans in order to understand their return on investment.		✓			
Ensure in conjunction with partner agencies, that all initiatives are well coordinated to maximize both the funds and effort being directed to creating a healthy work environment.	✓				
To promote a healthy work environment, the health authorities should:					
Ensure that their actions are consistent with their communications to staff.		✓			
Review the extent of managers' control and ensure that it is not beyond a limit to be effective.			✓		
Assess the work environment for risks to staffs' mental health and develop an action plan to mitigate the risks.			✓		

Summary of Status of Implementation

Office of the Auditor General of British Columbia Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
To promote a healthy work environment, the health authorities should: *(Cont'd)*					
Consider ways to promote a healthy lifestyle among their employees.			✓		
Ensure that their appointees to the Joint Occupational Health and Safety Committees attend meetings regularly and recognize occupational health and safety as part of their responsibilities.		✓			
Assess the work environment for risk of violence to staff safety and security and develop an action plan to mitigate the risks.			✓		
To monitor and report on the work environment, the health authorities should:					
Implement a human resources information system that will provide data needed for developing a comprehensive picture of employee and workplace health.		✓			
Ensure that all new initiatives include an evaluation component.		✓			
Have senior management work with their board members to determine what employee health and work environment indicators are important to collect and report on a regular basis, and how to evaluate if current policies, programs and resources are meeting employee and workplace needs.			✓		
Determine in conjunction with the Ministry of Health Services, what indicators of employee and workplace health should be reported publicly on a regular basis.			✓		

Interior Health Authority

Progress on Implementing the Recommendations on 2004/2005 Report 2: In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers

As at December 31, 2005

In creating our People Vision, Interior Health committed to a strong focus on our people and incremental steps continue to be built to invite from employees input on their work environment and organizational issues. Raising awareness at all levels of the organization of the connectivity of workplace health and achieving organizational objectives has resulted in taking a strategic, balanced approach to wellness.

The challenges associated with a maturing workforce and talent shortages increase the pressure on staff to perform in often in less than ideal environments. These factors increase stress and can negatively impact performance and productivity.

Interior Health has taken a systematic, holistic approach to mitigating these factors that encompasses commitment and participation from senior leaders to front line staff. The initiatives included in this report focus on improvement of the physical environment, psychological well being, healthy lifestyles, leadership and change management as well as recruitment and retention strategies.

The journey to achieving a healthy work environment requires constant nurturing and is gathering momentum as staff become involved in matters of importance to them. This progress report is respectfully submitted with a view to noting our progress along this journey.

To enhance leadership, the health authorities should:

Ensure that the health of the work environment is included in the performance appraisal of all senior and frontline managers.

Partially Implemented.

- The Performance Management System piloted for 2005/06 did not include quantitative measurements on the health of the workforce. The health authority will work toward developing relevant measurement criteria.

Demonstrate in word and action that employee health and well-being are important to organizational success.

Substantially Implemented.

- Interior Health has placed significant emphasis on several key initiatives within its strategic priorities dealing with our people. It is recognized that excellence in patient care delivery can only be achieved by having the right people in place, at the right time, in the right job. Key initiatives within our people strategy focus on attraction and retention, learning capacity, workforce planning and workplace health and safety.
- Significant resources have been dedicated to employee health and well being over the past two years with regular reports to the Board of Directors on the linkages between these strategies and the Interior Health "People Vision" goals contained in the Interior Health Strategic Plan
- Actions that demonstrate this commitment additional to last report period are:
  - — Inclusion of employee health questions in the scheduled Organization Survey of all staff re: their work environment.
  - — "values forums" held across Interior Health to gather employee input in development of core Interior Health values to guide how we carry out our work.
  - — Interior Health was awarded $180,000 Health Canada grant through the Healthy Workplace Initiative. This funding has been utilized to ensure ergonomic consideration is incorporated into all major capital expenditures. The model used has incorporated front line participation into the design process taking into consideration the health and safety of the staff relative to work tasks being performed. Tools, checklists, guidelines and processes have been developed and refined to provide leading practice in this area. This methodology has been presented at international conferences.
  - — Commitment to employee health and well-being through ergonomic involvement in purchasing major equipment as well as department redesign initiatives.
  - — Expanded the PEARS Program to contribute to reducing time loss due to MSIs and thereby improving sick absences due to work related causes. Funding has been approved to initiate such a program in the Thompson Cariboo Shuswap in 2006/07 making this program available in three of the four Health Service Areas.

— Interior Health has allocated approximately $900,000 to address needle stick injuries across Interior Health recognizing that these injuries have a significant potential to cause serious illness to health care workers. To that end, a Multidisciplinary Advisory Committee has been established to oversee implementation and roll out of safety engineered devices across the health authority over the coming year. This initiative is strongly supported by healthcare unions.

- Interior Health has allocated approximately $6 million toward fully funding specialized and continuing education for nurses (RN, RPN, LPN) over the past two years. This educational assistance has been driven by Interior Health assessment of its needs as well as the staffs' desire to pursue educational opportunities. For example, 41 nurses have/or are in progress in the OR Specialty Program at the British Columbia Institute of Technology, while 45 nurses are enrolled in the Critical Care Specialty offered through Mount Royal College in Alberta.
- In addition, the Undergrad and New Grad Initiatives have assisted nurses through mentorship and coaching thereby enhancing their professional practice and creating a more welcoming environment.

Put in place appropriate mechanisms to gather data on employee health indicators and work environment conditions. The health authorities should then incorporate the information into their human resource plans.

Substantially implemented.

- Since September 2004, Interior Health has been utilizing the WHITE system as its foundational data gathering system for employee health and safety information. WHITE collects information on employee injury, short- term and long-term disability illnesses and tracks corrective actions, accountability and provides the template for report generation for a variety of purposes. In addition to being valuable for research purposes, the consistent approach to tracking data allows for analysis and trending. Interior Health utilizes this information to plan interventions.
- Information available to date from the WHITE system includes Workers' Compensation Board claims, sick leave and Long Term Disability claims, respiratory fit test records, annual influenza records, employee health immunization records and employee incident report data useful for Occupational Health and Safety Committees.
- The PEARS program data available through the WHITE system was valuable in gathering support to implement PEARS in the Thompson Cariboo Shuswap (approved 2006/07).

- The WHITE data from the annual influenza campaign is a valuable tool in managing and monitoring the organization's commitment to the safety of our patients, clients and residents.
- The scheduled Organization Survey in November 2005 incorporated a set of questions around employee health and working conditions. Based on the survey results, strategies for improvement will be developed and put forward for implementation.

Develop costing information for the initiatives in their human resource and occupational health and wellness plans in order to understand their return on investment.

Substantially Implemented.

- All of Interior Health strategic initiatives for human resources and health and wellness put forward for consideration include costing information that informs the question of return on investment. Some examples include:
  - Costing information for ceiling lift systems in residential care sites across Interior Health was used to determine value when compared to staff injuries pre and post implementation. (Research partnership with OHSAH—journal article ready for publication).
  - The PEARS program has demonstrated value through injury reduction and as a result, Interior Health Senior Executive provided base budgeting to expand the program.
- Factors that must be included in determining value for health and safety initiatives include—rate of injury reduction and duration, cost avoidance, top up payments, recruitment, overtime/replacement costs, training costs, availability and commitment of staff.

Ensure in conjunction with partner agencies, that all initiatives are well coordinated to maximize both the funds and effort being directed to creating a healthy work environment.

Fully Implemented.

- Interior Health has an ongoing relationship with all partner agencies and projects completed have been in conjunction with WorkSafe BC, OHSAH, and HBT. Interior Health is also partnering with the local colleges on health and safety initiatives with a view to enhancing the work environment of our future employees. List of projects include:
  - PEARS Program—in Kootenay Boundary and Okanagan Health Service Areas; Health Service Area Steering Committees (union-management).

- — LTD Working Group with HBT and GWL to establish best practice guidelines/expectations.
- — Evaluation of ceiling lift implementation in residential care sites across Interior Health partnered with OHSAH.
- — Installation of ceiling lifts in the training labs of five local nursing colleges across Interior Health—partnered with WorkSafe BC and colleges. This partnership also included a training manual for instructors that incorporated WorkSafe BC regulations.
- — With funding from WorkSafe BC, reduction of MSIs in the home care environment. This two-year project has just concluded (December 2005) and under the direction of a union-management steering committee, a number of improvements resulted. Included are:
  - Increased awareness of staff risk through staff forums;
  - Review of work practices and development of tools, checklists and guidelines to assist staff in providing safe care;
  - Resource directory compiled for staff access;
  - Ceiling lifts installed in approximately 25 community bathing rooms across Interior Health;
  - Purchase of 100 ceiling lifts for use in home care settings;
  - Development and delivery of an education program for rehabilitation professionals as well as community health workers; and
  - Review and recommendations provided of several college programs to ensure new students graduating are practice ready.

To promote a healthy work environment, the health authorities should:

Ensure that their actions are consistent with their communications to staff.

Substantially Implemented.

- Interior Health has adopted a transparent approach to keeping staff informed about matters concerning the workplace and the health authority. There are several categories of communication methods from Interior Health-wide newsletters to InsideNet, email fan-outs as well as Health Service Area specific newsletters regarding communication of a more local nature.

- A number of initiatives are underway to encourage two-way communication between senior executive and front line staff.
- Through the Professional Practice Office approximately 25 multidisciplinary Professional Practice Committees have been established across Interior Health. The Professional Practice Office helps facilitate discussion and assists committees by providing support, mentorship and coaching. These committees provide a forum for staff to identify issues related to their practice and their work environment with a goal to improving the practice environment. They place emphasis on teamwork and communication and have the ability to influence their local leadership teams. On a quarterly basis, the committees have an opportunity to speak directly to the Interior Health Board of Directors on matters pertaining to their practice and work environment.
- The February 2006 newsletter is being devoted to staff health and safety entirely to increase awareness and encourage all staff to be accountable for health and safety in their work area.

Review the extent of managers' control and ensure that it is not beyond a limit to be effective.

Partially Implemented.

- It is recognized in Interior Health's People Vision that Managers are key to our success in developing and retaining qualified, engaged staff. This prime relationship is measured in the scheduled Organization Survey; the results providing feedback for future interventions necessary to move closer to the goal of attaining a healthy workplace.
- Building manager/leader capacity has been a key focus in Interior Health throughout 2005 including formal programs such as:
  - Pathways to Leadership Series.
- Extensive organizational support has been provided to managers in areas such as team building, planning and facilitation in an effort to assist them in their roles.
- In addition to these programs, a succession planning process for senior executive, middle management and professional technical staff has been implemented across Interior Health.
- A prime Human Resources Strategy designed to assist in effective recruitment, deployment and development of our staff is our Responsive Scheduling Project, which has been underway for the past 18 months with extensive staff/union participation. Success of this project will enhance the work life of managers and allow for more dedicated focus on our people in our workplaces.

Assess the work environment for risks to staffs' mental health and develop an action plan to mitigate the risks.

Partially Implemented.

- Interior Health attempts to collect data in its organizational survey to assist in identifying psychosocial health risk factors. As mentioned earlier in this report, the scheduled Organization Survey this year included questions regarding employee perceptions of mental and physical health.
- Enhancements have been initiated recently to the Employee Family Assistance Program to include a link to a website specifically addressing mental health concerns. This enhancement is available to all staff and their families. Communication across Interior Health is currently underway to inform staff of this new program.
- Interior Health is engaged in a research project with OHSAH. The goals of this project are to identify the work conditions that positively and negatively impact the mental health of front line workers within acute care settings, build a business case for addressing high priority risk factors and pilot practice interventions.

Consider ways to promote a healthy lifestyle among their employees.

Partially Implemented.

- Interior Health supports and encourages healthy lifestyles among its employees. A number of sites have established Wellness Committees and have planned educational lunch and learn sessions on relevant topics as well as fitness events, etc. Local administration from these facilities has supported the initiatives through participation and financial assistance.
- Partnership between Population Health, Public Health and Workplace Health and Safety staff have resulted in Hearts@Work fairs to promote healthy lifestyles. These sessions have been received by staff and more are planned for the coming year.
- Significant promotion was done this year to increase the annual influenza immunization uptake. Health Service Area committees comprised of Workplace Health and Safety, Public Health and Infection Control solicited site/department champions at the request of senior leadership. Their sponsorship and commitment has had a positive effect on the results.

Ensure that their appointees to the Joint Occupational Health and Safety Committees attend meetings regularly and recognize occupational health and safety as part of their responsibilities.

Substantially implemented.

- There are approximately 60 OH and S committees meeting on a regular basis under the guidance of the Workplace Health and Safety Department, to monitor and participate in the health and safety activities for their area.
- Each of the committees operates under their Terms of Reference, has a written process to communicate concerns to senior management of their facility and participates in accident investigations as well as department safety inspections. There is a regular review of injury statistics and follow-up on accident investigation recommendations to ensure they have been carried out.
- Some committees function more effectively than others due to work issues such as staffing, timing, commitment, and capability, etc., which occasionally limit their participation in committee activities. Relationships between the union-management members are typically good and problem solving is jointly done.

Assess the work environment for risk of violence to staff safety and security and develop an action plan to mitigate the risk.

Partially Implemented.

- Throughout the past year Interior Health has been utilizing the OH and S Committees to conduct a risk assessment on a priority site basis. Risk assessments include a staff perception survey, a physical environment inspection, review of injury statistics, review of policy and procedure and review of Code White statistics. Several sites have concluded their assessments and are planning/conducting educational initiatives. (See sample Kelowna General Hospital Report).
- Risk identified in the assessment process are responded to on a priority basis taking into account impact and urgency. For example, additional security staff have been added for higher risk times of day, where appropriate.
- There are policies and procedures in place in a number of facilities. Our challenge is to take a standardized and consistent approach in developing control measures.

- A Violence Prevention Coordinator is being recruited to oversee a multidisciplinary committee to establish region wide policies and protocols to address violence prevention in acute and residential care sites.
- Security services across Interior Health are currently under review as part of our risk management due diligence including functional ownership within the organization. Aside from the review, security measures already in place at a number of sites include security cameras, intercoms outside locked entry doors after a specified time, and intrusion alarm systems in some buildings.

To monitor and report on the work environment, the health authorities should:

Implement a human resources information system that will provide data needed for developing a comprehensive picture of employee and workplace health.

Substantially Implemented.

- Interior Health has fully implemented the WHITE system (August 2004). This system is linked to employee demographic data on Meditech (HR and Payroll system) and also allows for electronic submission of Employer's Reports directly to WorkSafe BC and while allowing for instantaneous transmission of a WCB claim number and claim cost information back to the Employer. The linkages between these systems avoid duplicate entry and provides a data warehouse of information for risk identification, analyses and intervention.
- In the absence of a Human Resource Information System, Interior Health relies upon a number of discrete systems and programs to assist in capturing data, which can be used in an information sense to more fully address other components of a healthy workplace.

Ensure that all new initiatives include an evaluation component.

Substantially Implemented.

- All new initiatives include an evaluation component consistent with quality improvement principles:
  - — Ergonomics in Facility Design—all facility projects are evaluated to gain new knowledge in leading practices.
  - — Staff-to-Staff Communication Systems are being implemented at five facilities in Interior Health; evaluation is being conducted to determine staff acceptance, product usefulness, technical flows and staff safety. Deficiencies will be corrected prior to further installations.

- — Staff Duress Systems are being installed in new building construction of mental health sites. This includes a significant evaluation relative to staff safety.
- — PEARS.

Have senior management work with their Board members to determine what employee health and work environment indicators are important to collect and report on a regular basis, and how to evaluate if current policies, programs and resources are meeting employee and workplace needs.

Partially Implemented.

- Interior Health has adopted a balanced scorecard approach to address a number of factors that are presented to the Board on a quarterly basis. The Board of Directors conducts its business through a Committee process with the Human Resources Committee of the Board being one of three such committees. Issues associated with Human Resource Strategy, Policy, Programs and results, etc. form the basis of the Committee's work. Data is reported in a number of ways, for example:
  - — Exit interview results;
  - — Ratio of casual to permanent nursing staff;
  - — Sick hours as a percent of productive hours;
  - — Number of work related injuries per FTE;
  - — Influenza immunization rates;
  - — Overtime hours; and
  - — Percentage of compensation used for LTD, WCB, OT and Sick time.

Determine, in conjunction with the Ministry of Health Services, what indicators of employee and workplace health should be reported publicly on a regular basis.

Partially Implemented.

- The 2005-06 Performance Agreement between Interior Health and the Ministry of Health established specific targets for employee and workplace health:
  - — Schedule B—Objective 1.1—Influenza Immunization Rates for Healthcare Workers; and
  - — Schedule B—Objective 8—Sick Leave as a proportion of productive hours.
- Discussions on this topic between the Ministry of Health Services staff and Interior Health Executive have not begun regarding additional indicators to be measured.

Vancouver Coastal Health Authority

Summary of Status of Implementation by Recommendation 2004/2005 Report 2: In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers

As at December 31, 2005

Office of the Auditor General of British Columbia Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
To enhance leadership, the health authorities should:					
Ensure that the health of the work environment is included in the performance appraisal of all senior and frontline managers.		✓			
Demonstrate in word and action that employee health and well-being are important to organizational success.		✓			
Put in place appropriate mechanisms to gather data on employee health indicators and work environment conditions. The health authorities should then incorporate the information into their human resource plans.		✓			
Develop costing information for the initiatives in their human resource and occupational health and wellness plans in order to understand their return on investment.		✓			
Ensure in conjunction with partner agencies, that all initiatives are well coordinated to maximize both the funds and effort being directed to creating a healthy work environment.	✓				
To promote a healthy work environment, the health authorities should:					
Ensure that their actions are consistent with their communications to staff.		✓			
Review the extent of managers' control and ensure that it is not beyond a limit to be effective.			✓		
Assess the work environment for risks to staffs' mental health and develop an action plan to mitigate the risks.		✓			

Summary of Status of Implementation

Office of the Auditor General of British Columbia Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
To promote a healthy work environment, the health authorities should: *(Cont'd)*					
Consider ways to promote a healthy lifestyle among their employees.		✓			
Ensure that their appointees to the Joint Occupational Health and Safety Committees attend meetings regularly and recognize occupational health and safety as part of their responsibilities.		✓			
Assess the work environment for risk of violence to staff safety and security and develop an action plan to mitigate the risks.		✓			
To monitor and report on the work environment, the health authorities should:					
Implement a human resources information system that will provide data needed for developing a comprehensive picture of employee and workplace health.		✓			
Ensure that all new initiatives include an evaluation component.	✓				
Have senior management work with their board members to determine what employee health and work environment indicators are important to collect and report on a regular basis, and how to evaluate if current policies, programs and resources are meeting employee and workplace needs.		✓			
Determine in conjunction with the Ministry of Health Services, what indicators of employee and workplace health should be reported publicly on a regular basis.			✓		

Vancouver Coastal Health Authority

Progress on Implementing the Recommendations on 2004/2005 Report 2: In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers

As at December 31, 2005

The ***Vision*** of Vancouver Coastal Health (VCH) "**We are committed to supporting healthy lives in healthy communities with our partners through care, education and research**" is fundamental to determining the strategies that will be undertaken as an organization. In **supporting healthy lives**—we include supporting our staff to live healthy lives, **in healthy communities**—we include our staff working together within healthy workplaces as part of this vision.

The VC ***Values*** of **Service**, **Integrity** and **Sustainability** (1.1) are to be used to guide actions and decision-making both internally and externally. As noted, VCH makes a commitment to our customers, our **people** and our partners to live by these ***Values***.

The VCH strategy framework to achieve our ***Vision*** is included as exhibit 1.2. The enabling systems to our ***Vision*** include Employee Health and Safety; Development of Human Resources; Workforce Plan; Change Management; Education and Leadership; Strategic Partnerships; and Professional Practice. Many of these enabling strategies are directly linked to the recommendations in the Auditor General's Report.

The Performance Agreement (1.3) between the Ministry of Health Services and VCH for the year ending March 31, 2006 (and posted on the VCH website) includes health system objectives. Two of those objectives link directly to the strategies undertaken to have staff of VCH work in a Safe and Healthy Workplace. Those objectives are:

1. Individuals are supported in their efforts to stay healthy and make healthy lifestyle choices.

2. Optimum human resource development to ensure there are enough, and the right mix of, health professionals. (Performance Agreement p.3)

Each of the above objectives has specific measurements established by the Ministry. For Objective 1 it is influenza immunization rates for health care workers. For Objective 2 it is the rate of sick leave as a proportion of productive hours for health care workers. Also within the Performance Agreement, there is a Performance Measurement Framework by which activities are measured. One of those performance dimensions is Work life/Human Resources.

To support the Performance Agreement, there is an annual Health Services Redesign Plan agreed to with the Ministry. Under the Section of **Enabling Systems, 7.3—Develop Human resources, (1.4)** the Description and Milestones in this section represent a system-wide approach to improving the health of the organization and it's staff.

The Performance Agreement Health Services Redesign Plan is renewed on an annual basis, with the agreement being developed in consultation with the ministry.

The VCH initiatives undertaken to achieve the ***Vision*** through the ***Values*** and enabling strategies, along with the Performance Agreement, all assist to achieve the recommendations contained in the Auditor General's report. VCH was cited for best practices in some areas of the report, and has continued to focus on initiatives that will ensure the health and safety of the health care workforce. It is well understood throughout VCH that without the commitment to care for the health and safety of our staff with the same intensity as for our patients, we will not be able to achieve our strategic directions or our ***Vision***.

To enhance leadership the health authorities should:

Ensure that the health of the work environment is included in the performance appraisal of all senior and frontline managers.

Substantially Implemented.

- As provided to the Auditor General in the original audit, VCH has developed an online evaluation process for staff and managers that included core competencies. Those core competencies have been revised and enhanced to include health and safety indicators. In The **Behavioural Indicators for Management/Supervisory Staff**, item 4 in Systems/Critical Thinking; 3 and 6 in Resource Management; 6, 7, and 8 in Customer Commitment and 1 through 6 in Teamwork, all measure the manager/supervisor's commitment to staff and workplace health and safety.

- To continue the efforts of supporting a culture that is consistent with our Values, VCH is introducing another initiative to support the planning of Executive performance and recognition of achievement. Through a partnership with Fraser Health, VCH will implement the on-line tool (**performancelink**) in the 2006/07 fiscal year for VCH Executives. **Performancelink** will include the expectation that individual performance plans will contain specific action items that are directly related to achieving strategic goals, including a healthy workplace. **performancelink** also supports our recruitment and retention initiatives as it speaks to an organization that values individual contributions and establishes recognition and rewards based on accomplishments. By linking individual performance plans to the strategic plan, **performancelink** will help the Executive team to support VCH strategies through their personal and portfolio action plans.
- In the spring of 2006, a new initiative will be undertaken to provide a report card to all managers that will provide rate based performance for specific indicators in their area of responsibility. This report card, which reflects the Balanced Scorecard for the organization, will provide data on a quarterly or annual basis to assist Managers to track health and safety indicators for each of their work units which will include rates for: WCB time loss injuries; Sick Time; Overtime; Vacancies; LTD claims; and staff flu immunizations. The ability to create such a report card has been made possible by moving to a single integrated Human Resource Information system (PeopleSoft) throughout VCH, along with full implementation of the Parkhouse database, an incident tracking system used by the Employee and Workplace Health and Safety team.

Demonstrate in word and action that employee health and well-being are important to organizational success.

Substantially Implemented.

- There are many ways in which VCH demonstrates, both in word and deed, their commitment to employee health and safety. In the December 2005 edition of the WorkSafe BC magazine, an article, featuring leadership roles in safety quotes Ida Goodreau, VCH CEO, "The first step in changing your safety culture is to have the passion that it is the right thing to do." The entire article is included as an exhibit. Through this outstanding leadership, both at the Senior Executive and Board tables, many initiatives have come into action to demonstrate that employee health and safety are important. Some of these initiatives include:

Summary of Status of Implementation

1. A five-year capital plan to install ceiling lifts to assist staff to achieve the no-manual lift policy and reduce staff and patient injuries in-patient care areas. For 2005/2006 **$3.81 Million** was committed to the first year of this project.

2. The Safe and Healthy Workplace Bipartite Steering Committee, has, for 2 consecutive years, provided $250,000 for an Innovation fund, whereby staff submit their innovative ideas on how to improve workplace health and safety. The evaluations of the first year projects are being distributed throughout VCH to encourage staff and managers to review and determine if these innovations would help in their workplace. Editions of this communiqué are distributed quarterly by the Safe and Healthy Workplace Bipartite Steering Committee. This is one mechanism by which the committee communicates its goals, action plans, and achievements to the staff throughout VCH.

3. At orientation, all new employees receive an orientation handbook that includes an overview of all of the initiatives and programs that are available to staff to promote their health and safety. An emphasis is being placed on developing a "Safety First" culture. "Safety First" for both staff and patients. Using the strategies developed by the airline industry—VCH is encouraging their staff to care for themselves first to insure that they will be able to care for those who come to them to meet their healthcare needs.

4. The ***CURRENT*** is a VCH newsletter that is distributed widely to VCH staff, key stakeholders, and the public. Published monthly, at least six times per year there is an article that highlights health and safety initiatives. Examples are included.

5. Committing over $500,000 annually to fund the PEARS (Prevention and Early Return to Work Safely) Program. The initial successful pilot site at Vancouver General Hospital has been expanded, and now the program is available on site to staff in Richmond, at the George Pearson Centre, at Lions Gate Hospital and Kiwanis Care Centre in North Vancouver, at St. Mary's Hospital in Sechelt, and Powell River Hospital. Through the PEARS program evaluation, it is evident that not only do staff remain at work or return to work more quickly after an injury, but also, staff who receive care through PEARS feel valued and supported by the organization.

6. The commitment of VCH to developing its frontline leadership is evident in the series of workshops and certificate programs available for staff to access. As evidenced by the topics covered, VCH is assisting its front line leaders to develop the skills and expertise to be healthy workers working within a healthy workplace. One of the modules included in the series is one specifically devoted to health and safety.

7. The WorkSafe Plan developed and signed annually in collaboration between the Chief Operations Officers of each of the four health service delivery areas and the staff from WorkSafe BC (formerly WCB) is evidence of the leadership commitment of the Senior Executive to achieving a safe and healthy workplace. The WorkSafe plan is formally reviewed at meetings between the parties held three times a year.

Put in place appropriate mechanisms to gather data on employee health indicators and work environment conditions. The health authorities should then incorporate the information into their human resource plans.

Substantially implemented.

- VCH has moved forward in relation to all aspects of data collection. For example:

  1. VCH has been a BC leader in health care in the implementation of a database for staff health information and incident tracking. The Parklane incident tracking system provides information in relation to staff immunization status; injury and disability management programs, such as return-to-work plans and duty-to-accommodate; and details of all staff injuries, including corrective actions. This information is shared in a variety of ways. The Joint Occupational Health and Safety Committees, Managers and other key stakeholders receive reports on a regular basis in relation to the staff injury rates and causes of those injuries. From this information, further investigations can follow, and action plans developed to address issues identified. The Joint Occupational Health and Safety Committees are actively involved in the development and implementation of the plans. The Parklane system also tracks "Hazard Reports." These are "near misses" that staff report and are investigated by the Manager or front line supervisor and then forwarded to the Joint Occupational Health and Safety Committees for follow-up.

2. Through the QUIST website, VCH provides the rates for all selected indicators. The health and safety indicators currently tracked and reported to the Board and the public are: sick time rates, overtime rates, musculoskeletal time loss injuries, and WCB claims. This data is developed into reports for a variety of audiences, including the Safe and Healthy Workplace Bipartite Steering Committee, Safe and Healthy Workplace Improvement Teams, Managers, and Joint Occupational Health and Safety Committees.

3. The health of VCH healthcare workers is also tracked through the Employee and Family Assistance Program. A highly confidential program that would never reveal specific cases or details, information is shared that provides an overview of the types of issues that VCH staff and families are accessing the EAP program for.

4. Through the Healthcare Benefit Trust, information on the types of Long Term Disability (LTD) claims and use of benefits by VCH employees is also an indicator of health status in a general sense. Through determining the causes of LTD, types of medications being used, and having the analysis by health service delivery area and collective agreement, specific plans are being developed to address issues identified by these means.

5. For the past 12 months, VCH has been completing exit surveys on all staff leaving the organization. This information is analyzed by the Human Resources team to determine what steps need to be taken to address he issues identified.

6. The initiation of the PeopleSoft system has permitted VCH to begin an extensive workforce planning initiative. Through tracking of demographics, trends in retirement, and determining future resource needs, the Human Resources team will endeavour to attract the right staff in sufficient quantities to meet the workload needs of today and for the future. It is well understood that the scarcity of professional staff, which results in staff working with less than optimal staffing and sometimes at overtime, leads to stress, depression, and dissatisfaction among the workforce.

7. Programs that are aggressively increasing recruitment success are beginning to make a difference in the vacancy rate. In addition to creative recruitment strategies, programs such as the Undergraduate Nurse Program and the New Graduate hire programs provide an environment where the beginning professional can develop their skills, competencies, and confidence in a supportive environment,

which also assists the regular staff to cope with the workload. These are two examples of many that VCH is undertaking to become an employer of choice for healthcare providers.

8. Workplace culture surveys are regularly used as pre and post evaluation strategies for new initiatives, such as ceiling lifts and safety huddles. An example of this survey, designed specifically for a safety huddle initiative currently underway, is included.

Develop costing information for the initiatives in their human resource and occupational health and wellness plans in order to understand their return on investment.

Substantially Implemented.

- All of the VCH strategic initiatives have an extensive cost/benefit analysis component to the projects. Return on investment is considered not only in the financial payback, but also by way of staff reports of satisfaction with programs and initiatives. Examples of this include:
  1. Innovation Fund projects.
  2. Business Case for Ceiling Lifts based on reduction in WCB Claims rate and premium reduction.
  3. Business Case for Safer Sharps Initiative.
  4. PEARS program evaluation that presented return on investment with enough evidence to fully fund the initial program and expand it throughout VCH.
- With the VCH **Value** of **Sustainability**, all programs and initiatives related to occupational health and wellness are required to include a return on investment component.

Ensure in conjunction with partner agencies, that all initiatives are well coordinated to maximize both the funds and effort being directed to creating a healthy work environment.

Fully Implemented.

- VCH has many ongoing relationships with partner agencies such as OHSAH, HBT, WorkSafe BC, and other external bodies such as Keyano College in Edmonton, as well as our unions. We insure that all projects that are undertaken have a detailed project plan with timelines and deliverables. Examples of such projects that have been well coordinated include:

1. PEARS program with OHSAH.
2. No Manual Lift project with WorkSafe BC (WCB).
3. Duty to Accommodate program and process developed jointly with the healthcare unions.
4. Workability Centre project to provide tertiary rehabilitation services to VCH staff with WorkSafe BC.
5. "Shifting to Wellness in Healthcare" initiative.
6. Early Rehabilitation project with Healthcare Benefit Trust.
7. Decreased claims duration project with WorkSafe BC.
8. All health and safety initiatives are reviewed by the Safe and Healthy Workplace Bipartite Steering Committee.

To promote a healthy work environment, the health authorities should:

Ensure that their actions are consistent with their communications to staff.

Substantially Implemented.

- The ***Value*** of **Integrity** in terms of "actions speak louder than words" is amply demonstrated through the projects and initiatives outlined. Further to those examples are:
  1. Executive walkabouts where senior leaders go to workplaces, on an advanced schedule basis, whereby staff can communicate directly about issues and concerns that they have in their workplace. Issues raised are tracked, actioned, and feedback regarding the actions to be undertaken, and outcomes achieved are provided to staff.
  2. Extensive Workplace Violence Assessments throughout VCH, with development of action plans to address the issues identified through the process. This is a very extensive process that requires significant staff and project leader time in order to complete the assessments adequately, and work with staff to initiate the action plans. Funding is provided as required to mitigate the risks identified by staff.
  3. Commitment to the introduction of the Safer Sharps technology, even though this will cause a significant increase in the cost of supplies.

4. Continued use of the "Workplace Safety Suggestion" process initiated by the Bipartite Steering Committee. Any suggestions are acknowledged and an action plan to review and provide mitigation for the risk is developed in consultation with the individual who identified the risk.

Review the extent of managers' control and ensure that it is not beyond a limit to be effective.

Partially Implemented.

- As previously reported to the Auditor General, the Span of Leadership was a strategic initiative undertaken by Human Resources in order to address work-life balance for managers and senior leaders. It has been discovered that there are a variety of ways that managers have identified that workload in relation to their span of leadership can be reduced. Where possible, these initiatives have been completed.
- The limiting factor in relation to a manager's span of leadership is the requirement of significant resources, in some cases, to address the problem. Senior executive are aware of where the opportunities for decreasing span of leadership challenges are, and as funds are found to support the initiative, the appropriate changes are made.
- With the continuing challenges of increasing demands within a fixed budget, VCH will continue to be challenged to find ways to decrease the managers' span of leadership without decreasing care and service to patients.

Assess the work environment for risks to staffs' mental health and develop an action plan to mitigate the risks.

Substantially Implemented.

- VCH is well aware of the challenges that the healthcare environment poses to the mental health of staff. There are numerous initiatives to determine ways in which to support staff and at the same time to decrease the work environment risks to their mental health. Some of these include:

  1. The Occupational Health Nursing program has developed a process whereby VCH staff can have rapid access to mental health programs.

  2. EFAP program provides confidential assessment and treatment for staff and their families who are having challenges in relation to addictions, marital problems, stress and depression, and workplace issues.

3. Critical Incident Stress Management is available throughout VCH through a 1-800 number. Staff can contact this number 24/7 to begin the process to have a debriefing session established.

4. The Psychologically Healthy Workplace project, undertaken in collaboration with HBT and OHSAH, has worked with the senior leadership team to address issues in the workplace in Vancouver Community. The initiative has resulted in a plan to develop strategies to support front line managers so that they, in turn, can promote a psychologically healthy workplace for their staff. This project is ongoing.

5. Effective Defusing in challenging situations is a tool and technique that healthcare workers, especially managers, need to develop as a competency. A program to teach effective defusing techniques to leaders and managers is being developed.

6. In partnership with OHSAH and other BC Health Authorities, and through funding from a Health Canada grant and subsequently from the Canadian Health Studies Research Foundation; — a multi-year research project that will test a model for initiating the development towards healthy workplaces through the implementation and evaluation of unit and organizational level preventative programs. A briefing note describing this study is included.

7. The Leadership Development series, which includes modules on change management processes, is also supportive of staff and managers who are leading or experiencing changes in their environments.

8. Whenever there is a planned reorganization (such as changes to staff mix) a comprehensive change management plan is developed that includes communication and mitigation strategies to decrease negative impacts on staff. The development of such plans is in collaboration with the unions whose members will be impacted by the change.

Consider ways to promote a healthy lifestyle among their employees.

Substantially Implemented.

- VCH has developed a large number of initiatives to promote healthy lifestyles among the staff. There is ongoing funding to support fitness facilities at worksites as well as arranging decreased membership for community based fitness centres. New initiatives include:

1. Development of Workplace Wellness Committees at some sites. These committees are using the National Quality Institute (NQI) Framework for a Healthy Workplace to complete their worksite strategic plans. As previously described to the Auditor General in the initial report, the NQI Framework has been used to develop all aspects of the VCH corporate healthy workplace initiatives.

2. The VCH Intranet has provided an opportunity for health promotion to be available at every staff person's computer. The health promotion site was initiated in late 2005. The plan is for regular updates on health promotion initiatives, which will be further promoted through other communication media.

3. Funded by a Health Canada Grant, and in collaboration with Keyano College of Alberta, a program called: Shifting to Wellness for Healthcare Workers" has been developed. The goal of the program is to help shift workers identify choices they can make that will have a positive impact on their health, ability to cope, and job satisfaction and performance. The initial pilot, run in 2005, revealed a need for changes to the program to make it more applicable to health care workers. VCH has the rights to share the revised program with other health authorities in BC. Keyano is marketing the program elsewhere in Canada.

4. Many of the Innovation Fund initiatives in both 2004 and 2005 were focussed on promotion of healthy lifestyles. Examples include massage therapy, mental health fitness workshops, and a variety of workshops to address stress in the workplace in innovative and creative ways.

Ensure that their appointees to the Joint Occupational Health and Safety Committees attend meetings regularly and recognize occupational health and safety as part of their responsibilities.

Substantially implemented.

- Currently, VCH has 48 Joint Occupational Health and Safety committees. As new sites open, Joint Committees are developed in compliance with the WCB Act. There are many ways in which joint committees are supported and recognized. These include:

  1. Annual education for all members of the Joint OH and S Committees (JOHSC).

2. A VCH OH and S Advisor is assigned to each committee to provide support and act as a resource for the committees. The advisor monitors committee minutes and attendance.
3. A variety of tools available to the committees for their continuing development.
4. Comprehensive Employee and Workplace Health and Safety programs available in both hard copy and on the Intranet, which includes the VCH Health and Safety Policy, and all requirements of a JOHSC.
5. Annual activities by the JOHSC to acknowledge and celebrate the NAOSH safety week at their site.
6. Employee and Workplace Health and Safety staff have developed a module on Incident Investigation, which is provided via videoconferencing. Incident investigation is an important activity of all JOHSCs.

Assess the work environment for risk of violence to staff safety and security and develop an action plan to mitigate the risk.

Substantially Implemented.

- As shared with the Auditor General during the initial audit—VCH has a comprehensive Workplace Violence Prevention program. It includes assessment for risk, mitigation strategies, staff training. The program was developed to assist managers and Joint OH and S Committee members undertake risk assessments in their areas. Workplace Violence Advisors who have advanced expertise in all areas of Workplace Violence Prevention, in addition to Occupational Health and Safety Advisors, are available to assist in this process.
- Workplace Violence prevention continues to be an ongoing priority for VCH—and is one of the goals of the Safe and Healthy Workplace Bipartite Steering Committee. Activities that have been undertaken since the audit include:
  1. Completion of Workplace Violence Assessments (WPVA) of all high-risk areas and initiation in medium risk areas. Comprehensive plans to complete WPVA in all community facilities that see mental health and addictions clients have been completed. Action plans to mitigate risks are under way.

2. The ALERT system that was implemented in Vancouver General Hospital as a pilot in 2003 has now been evaluated. The evaluation findings are being assessed and actions developed to further enhance the system. Based on the study findings, a recommendation to the Bipartite Steering Committee to expand the use of the ALERT system throughout VCH will be made at the February 2006 meeting.

3. Further research into processes that Registered Nurses use when addressing patient aggression and violence is underway with the results expected in August 2006.

4. VCH has been participating in a province-wide Violence Prevention Steering Committee, chaired by OHSAH. Participants include union representatives, WorkSafe BC, and other health authorities. The goal is to develop a consistent curriculum for health care workers that will address specific issues in Acute Care, Residential Care and Home Care. This curriculum can then be taught in whatever format would work, given the logistics of the area. VCH is providing content expertise in the development of the programs.

5. Further to creating a culture of safety, the development of "safety huddles" specifically to address issues of workplace violence are being developed in a variety of areas throughout VCH.

6. Security audits and reviews have been undertaken at all VCH sites. Additional security staff has been added at those sites where the need exists. There is a comprehensive program of review of all episodes of violence between Employee and Workplace Health and Safety and Security personnel. Where warranted, joint incident investigation is undertaken to insure that all areas for improvement are identified and actions initiated to mitigate.

To monitor and report on the work environment, the health authorities should:

Implement a human resources information system that will provide data needed for developing a comprehensive picture of employee and workplace health.

Substantially Implemented.

- As detailed, previously VCH now has an enterprise-wide human resource information system (PeopleSoft). The final installation was completed in December 2005.

- VCH is now working to generate reports that will be meaningful and helpful to managers and staff in relation to staff health and a healthy workplace. The Parklane incident tracking system is directly linked to the PeopleSoft database, so that all information is synchronized between the two systems.
- Epinet, a detailed tracking program for exposure to blood borne pathogens has been initiated throughout VCH by the Employee and Workplace Health and Safety team. This provides additional details regarding specific incidents that are not captured in the Parklane System. This will be very helpful in evaluating the effectiveness of the move to the safer needle systems that is underway and to be completed December 2006.
- QUIST continues to be the source of all rate-based information that is provided to Board, Management and staff at VCH. Much of this information is placed on the Balanced Scorecard for board review.

Ensure that all new initiatives include an evaluation component.

Fully Implemented.

- At VCH, it is required that all new initiatives contain an evaluation component. Examples of this include:
  1. Innovation Fund initiatives.
  2. Shifting to Wellness for Health Care.
  3. PEARS program.
  4. Disability Management and Duty to Accommodate Programs.
  5. Healthy Workplace Initiative.
- In many cases, initiatives require a Business Case (Safer Needle Project) as well as a project charter, which always includes an evaluation component.
- The evaluation may be reviewed by a number of groups, including the Bipartite Steering Committee, Senior Executive Team and the Human Resources Management team.

Have senior management work with their Board members to determine what employee health and work environment indicators are important to collect and report on a regular basis, and how to evaluate if current policies, programs and resources are meeting employee and workplace needs.

Substantially Implemented.

- The Board of Directors and Senior Executive Team have determined what indicators they would like to have reported on a regular basis, and established the targets to be achieved.
- The Board receives regular reports on the determined indicators for employee and workplace health, which includes: sick time, overtime, MSI and WCB claims rates, vacancy reporting, and WCB and LTD benefit costs. Examples of Board reports are included.
- Further to this, the Bipartite Steering Committee has also presented to the Board on the Committee's achievements to date and goals for the coming year.

Determine, in conjunction with the Ministry of Health Services, what indicators of employee and workplace health should be reported publicly on a regular basis.

Partially Implemented.

- As reported previously, VCH and the Ministry of Health are continuing to develop indicators to measure workplace health. In addition to this ongoing work, VCH has public board meetings three times per year. At these Board Meetings, there is a Human Resources report, which includes a presentation on VCH sick time, overtime, and MSI time loss injury rates. This information is also posted on the VCH website for public review.

Fraser Health Authority

Summary of Status of Implementation by Recommendation 2004/2005 Report 2: In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers

As at December 31, 2005

Office of the Auditor General of British Columbia Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
To enhance leadership, the health authorities should:					
Ensure that the health of the work environment is included in the performance appraisal of all senior and frontline managers.		✓			
Demonstrate in word and action that employee health and well-being are important to organizational success.		✓			
Put in place appropriate mechanisms to gather data on employee health indicators and work environment conditions. The health authorities should then incorporate the information into their human resource plans.		✓			
Develop costing information for the initiatives in their human resource and occupational health and wellness plans in order to understand their return on investment.		✓			
Ensure in conjunction with partner agencies, that all initiatives are well coordinated to maximize both the funds and effort being directed to creating a healthy work environment.	✓				
To promote a healthy work environment, the health authorities should:					
Ensure that their actions are consistent with their communications to staff.		✓			
Review the extent of managers' control and ensure that it is not beyond a limit to be effective.			✓		
Assess the work environment for risks to staffs' mental health and develop an action plan to mitigate the risks.			✓		

Summary of Status of Implementation

Office of the Auditor General of British Columbia Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
To promote a healthy work environment, the health authorities should: *(Cont'd)*					
Consider ways to promote a healthy lifestyle among their employees.			✓		
Ensure that their appointees to the Joint Occupational Health and Safety Committees attend meetings regularly and recognize occupational health and safety as part of their responsibilities.		✓			
Assess the work environment for risk of violence to staff safety and security and develop an action plan to mitigate the risks.		✓			
To monitor and report on the work environment, the health authorities should:					
Implement a human resources information system that will provide data needed for developing a comprehensive picture of employee and workplace health.		✓			
Ensure that all new initiatives include an evaluation component.		✓			
Have senior management work with their board members to determine what employee health and work environment indicators are important to collect and report on a regular basis, and how to evaluate if current policies, programs and resources are meeting employee and workplace needs.			✓		
Determine in conjunction with the Ministry of Health Services, what indicators of employee and workplace health should be reported publicly on a regular basis.			✓		

Fraser Health Authority

Progress on Implementing the Recommendations on 2004/2005 Report 2: In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers

As at December 31, 2005

Executive Summary

Since the Auditor General released his 2004 report, *In Sickness and in Health: Healthy Workplaces for British Columbia Health Care workers*, Fraser Health has continued to work towards our goal "***Better Health, Best in Healthcare***." The Auditor General's recommendations have been integrated into our planning, with progress seen in all areas, and most are "Substantially Implemented".

"Substantially Implemented" recommendations include:

- Ensuring the health of the work environment is included in the performance appraisals of all senior and frontline managers.
- Demonstrating that employee health and well-being are important to organizational success.
- Putting in place mechanisms to gather data on employee health indicators and work environment conditions, and then incorporating the information into human resource plans.
- Developing costing information for initiatives.
- Ensuring that appointees to Joint Occupational Health and Safety Committees attend meetings regularly and recognize their responsibilities.
- Assessing the work environment for the risk of violence and for safety and security, and developing plans to mitigate the risk.
- Implementing a human resources information system to provided data.
- Ensuring all new initiatives include evaluation.

Further work is continuing vis-à-vis the following "Partially Implemented" recommendations:

- Reviewing the extent of managers' control and ensuring that it is not beyond a limit to be effective.
- Assessing the work environment for risks to staffs' mental health, and developing an action plan to mitigate the risks.
- Considering ways to promote a healthy lifestyle among employees.
- Having senior management work with board members to determine indicators to collect and report on, and how to evaluate current policies, programs and resources.
- Determining indicators of employee and workplace health that should be reported publicly.

To enhance leadership, the health authorities should:

Ensure that the health of the work environment is included in the performance appraisal of all senior and frontline managers.

Substantially Implemented.

- To support a culture that is consistent with our Values and Commitment, Fraser Health has introduced an initiative to support the planning of performance and recognition of achievement. Our online tool (**performancelink**) was implemented in 2004/05 fiscal year (Executives, Directors, Health Service Administrators, and Managers) with all excluded employees participating in the 2005/06 fiscal year.
- In the 2006/07 fiscal year, **performancelink** will include an expectation that individual performance plans will contain specific action items that are directly related to achieving healthy workplace goals. Currently, several hundred performance plans across the organization are directly linked to our corporate healthy workplace goals and initiatives.
- **Performancelink** also supports our recruitment and retention initiatives as it speaks to an organization that values individual contributions and establishes recognition and rewards based on accomplishments. By linking individual performance plans to the strategic plan, **performancelink** helps individuals identify and support Fraser Health strategies through their personal and departmental action plans. It will also be instrumental in bringing about a change in organization culture by creating a performance-based culture within Fraser Health.

Demonstrate in word and action that employee health and well-being are important to organizational success.

Substantially Implemented.

- It will be apparent from our responses to each of the recommendations made by the Auditor General that Fraser Health has a multi-year, multi-faceted strategy for achieving its healthy workplace goals. It should also be apparent that achievement of these goals are seen as vital to our ongoing success as a healthcare organization.
- As an additional example of this commitment, our Board Chair (Barry Forbes) and interim CEO (Keith Anderson) have placed emphasis on our healthy workplace strategies during public board meetings and meetings with MLAs during 2005. These presentations also showed a clear link between healthy workplaces strategies and the "People Development" goals that are contained within Fraser Health's strategic plan.

Put in place appropriate mechanisms to gather data on employee health indicators and work environment conditions. The health authorities should then incorporate the information into their human resource plans.

Substantially implemented.

- Since November 2004, FH has been utilizing the Workplace Health Indicator Tracking and Evaluation (WHITE) system as its foundational data gathering system. WHITE collects information on employee illness, injury and disability management programs such as Return-to-Work. WHITE tracks outcomes of injuries and illnesses, corrective actions, accountability and any planned interventions. As well, WHITE collects information and data on the PEARS program clients including tracking of clinical outcomes and interventions.
- Fraser Health now has three years of WCB claims, sick leave and LTD claims data that is available for decision-makers. This data is available by cost centre, site, and department.
- The foundation of our preventive effort is systematic collection, analysis and interpretation of injury data. Fraser Health's prevention programs are designed through interventions that apply information from WHITE in a systematic prioritization method. This methodology has been published and presented at international conferences.
- Analytical epidemiological methods are employed to adequately and thoroughly examine associations between defined health outcomes of interest and a number of occupational factors that, when examined

comprehensively, lead to new understanding of core relationships and to proposals for successful interventions.

- Fraser Health was awarded an $180,000 Health Canada grant through the Healthy Workplace Initiative. This grant has provided the funding to publish an annual report on "Fraser's Health." The project will collect data and indicators from a variety of sources, including payroll, financial, human resource and WHITE data. This information will be used to formulate a model that will identify units and sites "at risk" for various health related issues. Statistical analyses will be performed to track rates and trends in event occurrences and costs in order to reduce uncertainties associated with specific occupational health and safety issues, and to prioritize the development and implementation of corrective preventive measures.
- Comparison will provide outcome data regarding changes achieved through the project's identification of "high-risk" departments and local Action Plans. Managers will be provided the detail and expected to build these results into their personal performance plans for 2006/07.
- Results of the analysis may help indicate areas of focus for quality improvement activities and may then serve both baseline and formative purposes for the specific site; year two (and subsequent) reports will provide summative outcome evaluation of the local Action Plans as prioritized by the integrated analysis. The first report is due in April 2006.

Develop costing information for the initiatives in their human resource and occupational health and wellness plans in order to understand their return on investment.

Substantially Implemented.

- All of Fraser Health's healthy workplace strategic priorities have extensive evaluation components and all of these examine the question of return-on-investment. Some examples of this include:
  - — Costing information for the ceiling lift project has been developed and as a result three-year capital plans have been proposed that identify high priority units as well as level of coverage required.
  - — The PEARS program pilot demonstrated a level of return on investment through the reduction in injury duration and as a result, Fraser Health Executive provided base budget funding for the expansion of the program.
  - — A business case was presented to Fraser Health Executive to recommend the exclusive use of safety engineered needles and syringes. As a result of this, Fraser was the first health authority in

Canada to adopt the exclusive use of safety engineered needles and syringes.

- — Unit-level interventions that utilize target funds have demonstrated an average 55% reduction in days lost due to injury, claims cost reductions.

- Assessing the return on investment for Workplace Health interventions is a complex problem that requires many factors to be considered. Factors such as rate of injury reduction (frequency), injury severity reduction (duration), WCB healthcare rates, cost avoidance, recruitment, retention, overtime, staffing levels, top-up payments and other human resource costs enter into the calculation of ROI for any investment in health and safety.

Ensure in conjunction with partner agencies, that all initiatives are well coordinated to maximize both the funds and effort being directed to creating a healthy work environment.

Fully Implemented.

- Fraser Health has an active and ongoing relationship with all partner agencies and has successfully completed several major projects in conjunction with WorkSafe BC, OHSAH and Healthcare Benefit Trust. In addition to the project completion, Fraser Health is continually partnering with the above agencies in research grant applications, funding applications and provincial strategies. The list of projects successfully completed includes:
  - — UCFV/FH collaboration re: Safe Patient/Client handling lab funded by Fraser Health at the University College of the Fraser Valley.
  - — PEARS pilot at RCH and LMH as well as the establishment of the Fraser Health-wide PEARS Steering Committee.
  - — LTD working group established with HBT to establish best practices and to document practice guidelines.
  - — Safe Client Handling (No Lift) project that designed and implemented a safe client handling program for acute, residential and community care.

To promote a healthy work environment, the health authorities should:

Ensure that their actions are consistent with their communications to staff.

Substantially Implemented.

- Fraser Health's emphasis on employee health and safety is reflected in a regular wellness column in our employee newsletter, **Infocus**, as well as various wellness campaigns that use email, print, and our Intranet site for integrated health communications. Some specific examples of communications related to workplace health include:
  - **Safe Client Handling Program** promotes mechanical assist devices and other patient handling and ergonomic equipment in a number of facilities (Infocus, January 2005).
  - **Critical Incident Stress Management Program** was launched to offer support to employees who have faced a highly stressful event in the workplace (Infocus, May 2005, and Intranet and Internet sections).
  - **Free employee flu vaccination clinics** promoted through Infocus (November 2005), the Intranet, email, posters at facilities, with the message of the health benefits to employees and their families as well as residents and clients.
  - **Multi-sample safety needles** are introduced and announced in Infocus (December 2005).
  - **Fraser Health Rides Transit** campaign highlights the physical and mental health benefits of walking to the bus or Sky Train (poster campaign, December 2005).

Review the extent of managers' control and ensure that it is not beyond a limit to be effective.

Partially Implemented.

- Fraser Health's "people development" initiatives that are contained in our Strategic Plan recognize that managers (and all other leaders) are instrumental to our success in attracting, retaining and engaging our people.
- The results of our Gallup Q12 survey questionnaire underscores the role of managers in shaping the work environment and individual employee's work life experiences.
- The capacity of managers to lead their portfolio is impacted by workload, the pressures associated with change, and the dynamics of working

within a large organization. In early 2005, our People Services team surveyed a cross-section of clinical managers asking participants in the survey to identify key areas of their roles, to indicate the level of importance attached to each key area, and time required to carry out their key responsibilities. This is important foundational work in understanding an appropriate span of authority for managers.

- Also during 2006, there were regular meetings of our Partnerships Committee through which clinical managers/directors identified enhancements to business processes and systems that have increased the level of support provided to them by our corporate services departments (Finance, Human Resources, Materials Management, Information Technology, etc.)
- Another important development during 2005 was the creation of "Best Workplaces: Best Practices" project management team. This senior, multi-disciplinary team (health services, physician, professional practice, Human Resources) has a mandate to provide leadership in turning Fraser Health's "healthy workplace" vision into action plans. This team was guided by a report prepared by Graham Lowe (President, Graham Lowe Group Inc.) and endorsed by Fraser Health's executive team in December 2004.
- HR/OD plans for 2006/07 include a proposed project to work with clinical leadership teams and clarify health service managers' roles and responsibilities. Once that is clarified, we would adopt a "rapid results" methodology to determine appropriate scope as well as the competencies and infrastructure supports required to ensure health service managers are successful in their role.

Assess the work environment for risks to staffs' mental health and develop an action plan to mitigate the risks.

Partially Implemented.

- Fraser Health has implemented the first phase of a comprehensive Critical Incident Stress Management Program as one tool to prevent and mitigate the impact of cumulative and critical incident stressors in the workplace. Research studies over the past two decades indicate that critical incident intervention can assist in decreasing the accumulation of stress that may lead to diminished emotional and physical health. The planning and implementation of the program has been guided by a bipartite committee. It takes into account the unique stressors in healthcare as well as placing more emphasis on prevention.

- Successive phases will focus on pre-crisis preparation, which may be thought of as a form of psychological immunization. Education and training that will assist employees to improve coping skills when dealing with critical incidents can lead to enhanced psychological resiliencies.
- Fraser Health has approved a multi-year plan that will see the Prevention, Early Intervention and Return-to-work Safely (PEARS) pilot project initially conducted at Royal Columbian Hospital, move to an integrated service that is available across the Authority. The plan will see PEARS expand the current musculoskeletal injury prevention and early intervention initiatives from two current sites to all facilities and communities within Fraser Health. In addition, PEARS will expand the services under its umbrella to include Mental Health issues.
- The PEARS program is managed by a bipartite advisory committee that has identified the preliminary needs of conducting an assessment of Mental Health risk factors in the healthcare setting, investigating current Mental Health services available in our communities, and identifying gaps in those services. The PEARS program is founded on the concepts of prevention and early intervention. This focus will continue as the PEARS program expands into the area of Mental Health. It is anticipated that the initial expansion of services will include a focus on education to reduce the stigma attached to Mental Health issues, education on the recognition of signs and symptoms of depression and improving access to the currently available Mental Health resources for assistance.

Consider ways to promote a healthy lifestyle among their employees.

Partially Implemented.

- Fraser Health is supporting the promotion of healthy lifestyles among employees with a number of initiatives. For example, one Health Services Administrator has dedicated funding to launch a Wellness Committee with a mandate to plan and implement health promotion education and activities for employees. Fraser Health has provided space for onsite fitness rooms at several sites, secure areas for bicycle storage and support for local Wellness Committee activities. The fitness rooms are well utilized by Fraser Health employees and their immediate families. Three sites have partnered with external agencies to provide onsite massage and /or reflexology, which has been very well received by employees.
- As noted in response to recommendation #3, Fraser Health is participating in the Health Canada Healthy Workplace Initiative developing an integrated model analyzing workplace indicators.

The project aims to develop evidenced based decision making practices in the context of improving the health of both the employees and the organization.

Ensure that their appointees to the Joint Occupational Health and Safety Committees attend meetings regularly and recognize occupational health and safety as part of their responsibilities.

Substantially implemented.

- There are currently, 36 Joint Occupational Health and Safety committees in Fraser Health. Two additional committees will be established in early 2006 for new Fraser Health sites. As other new sites open, joint committees will be established. Each of the committees has terms of reference, a written process to communicate concerns to senior management, written accident investigation, inspection and hazard reporting guidelines. Committee members also conduct a regular review of injury and accident statistics.
- In 2004 and 2005 Fraser Health took an innovative approach and provided the required 8 hours of education to joint committee members through a Joint Occupation Health and Safety committee conference. Both years, over 100 committee members attended and the conference evaluations were positive. In addition to the conference sessions, Fraser Health partnered with OHSAH to provide safety committee education to new members in separate sessions.
- While committees are generally functioning according to regulatory requirements, some committees meet the requirements more substantially than others. There are employer representatives on each committee. Quorums at meetings are sometimes not met due to other work pressures or other issues. Committee members however do take their responsibilities for occupational health and safety seriously.

Assess the work environment for risk of violence to staff safety and security and develop an action plan to mitigate the risk.

Substantially Implemented.

- Risk mitigation for violence and aggression to staff safety and security is an ongoing process. Risk mitigation activities include ongoing risk assessments, policies and procedures, education and training, as well as provision of security services.
- **Risk Assessments**
  Risk assessment for the risk of violence to staff safety and security is an ongoing process. An assessment of the risk and mitigation of risk is part

of the follow-up action plan when new facilities are planned and opened, changes to the provision of service occur or when incidents of aggression occur.

A complete risk assessment of most of Fraser Health worksites has been completed. In 2005, 50 community sites had a physical risk assessment completed by Fraser Health's Protection Services Department in conjunction with the contract security provider, Intercon. In addition to the physical risk assessment at the community sites, employee perception surveys were also administered for approximately half of these sites. A component of the risk assessment process is recommended and required safety and security measures.

- **Policies and Procedures**
  Each Fraser Health site has specific policies and procedures to identify and mitigate the risk of violence to staff. In 2005 a Fraser Health Prevention and Management of Aggressive Behaviour Policy was drafted and sent out to joint occupational safety committee members, senior staff and union representatives for input and review. Subsequent drafts have been written, reviewed and a final draft will be presented to Fraser Health Executive early in 2006. Safe work procedures are part of two major bi-partite research projects with final recommended procedures expected in May 2006.

- **Education and Training**
  Fraser Health utilizes a non-violent crisis intervention approach to aggression in the workplace. In 2005, 697 Fraser Health staff attended Prevention and Management of Aggressive Behaviour sessions. Education and training schedules are published each year, 75 sessions are scheduled for 2006. Training is provided by Fraser Health staff.

- **Security**
  Fraser Health policies are being reviewed and revised as part of the Ministry of Health Risk Event Policy implementation and are scheduled for completion by mid-2006. Our Protection Services Department manages contracted security services that are provided by Intercon Security. Intercon deploys healthcare trained personnel to Fraser Health sites at levels determined by activity and risk. All security incidents are documented and reviewed and monthly statistics analyzed and reviewed for trending.
  Security technology is strategically deployed, in the form of ID-integrated access control systems, CCTV cameras, which are digitally recorded, and panic and intrusion alarms systems, which are live monitored for optimum response. These systems are standardized across Fraser Health as are routine and emergency call numbers for security response, the

same numbers at all Fraser Health sites. Protection Services works closely with the Fraser Health Facilities Planning Department to ensure security/safety measures are incorporated in design in all major renovations and projects, standardized across Fraser Health. Close linkages are developed and nurtured between Protection Services and local police, corrections and other criminal justice agencies to ensure mutual support and cooperation in incident response, investigation and analysis trends.

To monitor and report on the work environment, the health authorities should:

Implement a human resources information system that will provide data needed for developing a comprehensive picture of employee and workplace health.

Substantially Implemented.

- As noted to recommendation #3—Fraser Health has fully implemented the WHITE system by November 2004. in addition to the WHITE system and its links with Meditech (our HR and financial system), WHITE allows for electronic submission of Form 7s directly to the WCB as well as allowing for direct provision of claims numbers and claims cost information by the WCB through the same linkage. WHITE, Meditech and the WCB system are intra-operative systems that avoid duplication of entry and provide a data warehouse of information for risk identification and intervention prioritization.
- Health Canada funding (as described in recommendation #3) will provide Fraser Health with the ability to integrate the data to provide an overall profile of employee health and the work environment, and use it to evaluate whether needs and issues are being addressed.
- Integrated intervention and prevention programs fit current philosophies of health care delivery. Such programs are population-based and needs driven rather than demand driven. They aspire to emphasize prevention and be cost-effective.
- The Health Canada funding will be used to create an accountability framework that can be adapted at all levels of the organization for evaluating and learning from **Healthy Workplaces** actions. This includes taking the lead in developing comprehensive performance indicators and reporting templates that can integrate improved quality of work life, employee health and wellness results at the worksite and system levels. This "healthy workplace" framework would be developed in a manner similar to the successful method utilized by Fraser Health to identify

departments that are at high-risk for musculoskeletal injuries. Analysis of data in this model would provide a comprehensive overall ranking of the risk that would identify both priority areas for intervention and emerging issues within the context of a healthy workplace.

- The framework will provide a validated assessment and prioritization model that would allow FH to establish a long-term action plan regarding healthy workplaces. The model would utilize all available datasets, not just traditional injury and illness data to identify and evaluate risks to a healthy workplace. Fraser Health is applying to Health Canada for funding to help design and validate this approach consistent with and supportive of our emerging enterprise-wide risk management strategy.
- An integrative model will assist in 1) limiting redundancy of workplace health programs and services, 2) more effectively linking existing programs and services, and 3) establish a more open and comprehensive process for identifying problems and establishing health promotion and health protection priorities.

Ensure that all new initiatives include an evaluation component.

Substantially Implemented.

- In mid-2005, a new role was created within our Workplace Health team: Research and Evaluation Leader. The purpose of that position is to ensure that every new project developed within the Workplace Health team includes an evaluation component.
- The Research and Evaluation Leader facilitates the development of an evaluation plan for each new project by using a methodology that focuses on:
  - problem definition;
  - intervention description;
  - measures with associated methods and tools; and
  - intended outcomes.

Have senior management work with their Board members to determine what employee health and work environment indicators are important to collect and report on a regular basis, and how to evaluate if current policies, programs and resources are meeting employee and workplace needs.

Partially Implemented.

- Fraser Health's Strategic Plan includes a number of Key Performance Indicators (KPIs) that are directly related to our workplace health initiatives. KPIs include: immunization rates; work days lost due to WCB claims; number of days lost due to LTD claims; and external funding for Workplace Health initiatives.
- The Strategic Plan (and related KPIs) was reviewed extensively by the Board during its development and prior to its being approved for publication.
- Management reports have been submitted to the Board regularly and, at least annually, the Board receives a comprehensive report on workplace health issues (including KPI results).

Determine, in conjunction with the Ministry of Health Services, what indicators of employee and workplace health should be reported publicly on a regular basis.

Partially Implemented.

- Discussions on this topic between Ministry of Health executive staff and Vice Presidents, HR/OD have begun and are ongoing.
- The 2005/06 Performance Agreement between Fraser Health and the Ministry of Health [Schedule B—Objective 8] established a specific target of reducing sick leave a proportion of productive hours by 10% by December 2008 (from 2004 baseline).

Vancouver Island Health Authority

Summary of Status of Implementation by Recommendation 2004/2005 Report 2: In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers

As at December 31, 2005

Office of the Auditor General of British Columbia Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
To enhance leadership, the health authorities should:					
Ensure that the health of the work environment is included in the performance appraisal of all senior and frontline managers.		✓			
Demonstrate in word and action that employee health and well-being are important to organizational success.		✓			
Put in place appropriate mechanisms to gather data on employee health indicators and work environment conditions. The health authorities should then incorporate the information into their human resource plans.			✓		
Develop costing information for the initiatives in their human resource and occupational health and wellness plans in order to understand their return on investment.		✓			
Ensure in conjunction with partner agencies, that all initiatives are well coordinated to maximize both the funds and effort being directed to creating a healthy work environment.		✓			
To promote a healthy work environment, the health authorities should:					
Ensure that their actions are consistent with their communications to staff.		✓			
Review the extent of managers' control and ensure that it is not beyond a limit to be effective.			✓		
Assess the work environment for risks to staffs' mental health and develop an action plan to mitigate the risks.			✓		

Summary of Status of Implementation

Office of the Auditor General of British Columbia Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
To promote a healthy work environment, the health authorities should: *(Cont'd)*					
Consider ways to promote a healthy lifestyle among their employees.		✓			
Ensure that their appointees to the Joint Occupational Health and Safety Committees attend meetings regularly and recognize occupational health and safety as part of their responsibilities.			✓		
Assess the work environment for risk of violence to staff safety and security and develop an action plan to mitigate the risks.		✓			
To monitor and report on the work environment, the health authorities should:					
Implement a human resources information system that will provide data needed for developing a comprehensive picture of employee and workplace health.			✓		
Ensure that all new initiatives include an evaluation component.	✓				
Have senior management work with their board members to determine what employee health and work environment indicators are important to collect and report on a regular basis, and how to evaluate if current policies, programs and resources are meeting employee and workplace needs.		✓			
Determine in conjunction with the Ministry of Health Services, what indicators of employee and workplace health should be reported publicly on a regular basis.			✓		

Vancouver Island Health Authority

Progress on Implementing the Recommendations on 2004/2005 Report 2: In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers

As at December 31, 2005

In response to the Auditor General's report "In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers" (2004), VIHA is pleased to submit its first year progress report.

In December 2005 VIHA completed a draft Five-year Strategic Plan and has recently solicited feedback from both the public and VIHA staff. The goals outlined in this strategic plan are consistent with the overall goals established for the health system by the Ministry of Health. These goals are high level and will remain stable over time as they are anchored in VIHA's Vision, Mission and Values. All the goals are consistent with the recommendations made by the Auditor General.

This report provides an update on activities and programs that VIHA is pursuing to address the Auditor General's recommendations. While VIHA is pleased to have made substantial progress over the last 12-months there remains significant work ahead to ensure the implementation and sustainability of the Integrated Healthy Workplace Management system approved by the VIHA Executive and Board in July 2005.

To enhance leadership, the health authorities should:

Ensure that the health of the work environment is included in the performance appraisal of all senior and frontline managers.

Substantially Implemented.

- VIHA has initiated an annual performance review process for all non-contract VIHA staff. Annual performance reviews identify accountability through all levels of the organization's management structure. Responsibility for Workplace Health and Wellness is now found in the performance agreements of all senior management and first-line leadership.

- Succession Planning/Leadership Continuity is increasingly becoming a strategic imperative for VIHA. VIHA has undertaken a Succession Planning/Leadership Continuity process that includes identification of skills and competencies required to advance organizational health.

Demonstrate in word and action that employee health and well-being are important to organizational success.

Substantially Implemented.

- With approval and support of the VIHA Executive, the Wellness and Safety Department has designed and is beginning to implement the Integrated Healthy Workplace Management System (IHWMS); a system built on 5 pillars of a healthy organization.
- Programs such as Blood and Body Fluid/safety sharps, integrated disability management, wellness program, prevention of violence in the workplace and PEARS feature among the prominent programs used to advance the system. The IHWMS is integrated with the draft five-year strategic plan and the People Plan.

Put in place appropriate mechanisms to gather data on employee health indicators and work environment conditions. The health authorities should then incorporate the information into their human resource plans.

Partially implemented.

- The Workplace Health Indicator Tracking and Evaluation (WHITE) database has been in effect in VIHA since July 2004.
- Complimentary to the WHITE system, data pertaining to absences/sick leave is recorded through HRIS.
- Overtime and performance indicators are available to managers through IDEAS system to help managers identify targets, as well as track WCB injury statistics.
- The VIHA Board and Executive has launched and funded a comprehensive project to improve HRIS systems and a migration to the PeopleSoft platform, which will provide for easier access to all HR data.

Develop costing information for the initiatives in their human resource and occupational health and wellness plans in order to understand their return on investment.

Substantially Implemented.

- The WHITE database has the capacity to provide data and formulae to perform cost analyses on all aspects of the Wellness and Safety disability management program.
- VIHA is currently working with OHSAH to establish ROI criteria for evaluating its PEARS program.
- Sick leave, overtime rates, long-term disability and WCB costs are captured and costed. The Wellness and Safety Department has partnered with the Integrated Health Services Department on the "Effective Use of HR" project—an ambitious work begun in September 2005. The foundation is a systematic collection, analysis and interpretation of injury/illness data. Safety and prevention programs will then be developed to meet the priorities.

Ensure in conjunction with partner agencies, that all initiatives are well coordinated to maximize both the funds and effort being directed to creating a healthy work environment.

Substantially Implemented.

- A partnership to reduce claims costs, prevent incidents of violence and reduce musculoskeletal injuries is currently being developed with the local WorkSafe BC office.
- WorkSafe BC has agreed, in principle, to working with VIHA on an awareness campaign re: violence prevention in several VIHA sites.
- VIHA is working with Healthcare Benefit Trust to launch an early Intervention Program—part of an improved approach to claims management.
- The PEARS pilot in north and south island ended in March 2004. With the partnership VIHA developed with OHSAH to make PEARS successful, VIHA is now fully funding an island-wide program.

To promote a healthy work environment, the health authorities should:

Ensure that their actions are consistent with their communications to staff.

Substantially Implemented.

- All programs arising out of Wellness and Safety work alongside VIHA's communications portfolio to ensure communications are consistent across the island.
- The new VIHA publication "CURRENTS" is a monthly publication from communications that invites staff to contribute articles. It is more focused on employee interests than on corporate strategies. The President and CEO has acknowledged the importance of wellness and safety activities at numerous public forums including the wrap up event around SharpsCare; a project fully funded by VIHA.

Review the extent of managers' control and ensure that it is not beyond a limit to be effective.

Partially Implemented.

- Review of all non-contract job descriptions including their roles and responsibilities, is currently underway.
- The People-Plan will examine the breadth and scope of managers' responsibilities to ensure the capacity of managers to lead their portfolios is appropriate

Assess the work environment for risks to staffs' mental health and develop an action plan to mitigate the risks.

Partially Implemented.

- Mental Health and Addictions Portfolio and Wellness and Safety are in the early stages of creating a partnership to address employee mental health.
- VIHA is conducting an environmental scan of services that can be offered to employees.
- The PEARS program will be enhanced in year 3 to include a module to help support mental health issues.
- In September 2006, VIHA will completely re-examine its EFAP program to identify opportunities to provide additional support to staff (and families).

Consider ways to promote a healthy lifestyle among their employees.

Substantially Implemented.

- VIHA successfully secured Health Canada funding to develop, implement and evaluate a Healthy Workplace Initiative—"An Evidence-Based Approach to Developing, Implementing and Sustaining Wellness in the Workplace".
- A Bi-partite Wellness Steering Committee meets monthly to develop the new workplace wellness program.
- The first target of the Wellness program is to develop, implement and evaluate a "Creating Awareness to Physical Activity" module. This is keeping in alignment with BC Ministry of Health's Act Now! BC initiative. A pedometer program is currently being developed for implementation in Campbell River, Nanaimo and Victoria. Expansion of the program will be considered upon completion of the trial program in May/June 2006.
- Modules including nutrition, stress and smoking will be developed once the physical activity module is underway.
- VIHA is currently sponsoring a VIHA manager who is a Masters candidate researching work-life balance issues for VIHA managers. The research is looking to identify what is important in work-life balance and how the organization (VIHA) can implement and support balance promoting initiatives.
- VIHA is continuing to promote healthy lifestyles to employees by encouraging cycling to work. Bike lock-ups are widely available.
- Partnerships between VIHA Wellness and Safety and Public Health are re-establishing to share resources.
- Wellness and Safety is supporting and facilitating employees' wellness committees that are starting to evolve in several departments/facilities throughout VIHA.
- VIHA has a smoke-free facility policy.
- VIHA has been actively pursuing opportunities to create a fully smoke-free environment and is working with the Ministry of Health to secure a smoke-free premises policy.

Ensure that their appointees to the Joint Occupational Health and Safety Committees attend meetings regularly and recognize occupational health and safety as part of their responsibilities.

Partially implemented.

- As per WorkSafe BC Regulation, JOHS committees meet regularly with union/management representation.
- Wellness and Safety Department, Vice President of Human Resources and Organizational Development, Chief Operating Officer and the Chief of Professional Practice and Nursing have identified this as a priority item at VIHA.
- Plans are underway to more clearly define the roles and responsibilities of JOHS committees and their members.

Assess the work environment for risk of violence to staff safety and security and develop an action plan to mitigate the risk.

Substantially Implemented.

- The VIHA Executive has approved and implemented a Prevention of Violence in the Workplace policy and program. An additional component, detailing the support that VIHA will provide to staff that have been the subjects of aggression, is under development.
- All acute care facilities within VIHA have completed environmental risk assessments with the assistance of Protection Services and Wellness and Safety staff. Where areas have been designated as high risk, employee risk surveys have also been completed.
- Recommendations have been/are being provided to mitigate risks identified in the assessments.
- Long-term care facilities will be examined throughout 2006/07.
- VIHA endorses the NCVI and MOAB modules. All new VIHA staff attends the four-hour session on managing aggressive behaviour.
- Staff in higher risk venues are asked to participate in Prevention and Intervention of Critical Incidents in Healthcare—an eight-hour program. VIHA recently earmarked an additional 500K to support this training through 2005.

To monitor and report on the work environment, the health authorities should:

Implement a human resources information system that will provide data needed for developing a comprehensive picture of employee and workplace health.

Partially Implemented.

- VIHA has undertaken a comprehensive project to improve all Human Resource Information Systems. The project is multi-dimensional and to date has confirmed a platform and architecture, purchase licences and clearly defined project deliverables over the next 18-months.
- VIHA is one of four health authorities using the WHITE database, which has been in effect since July 2004. It is proving to be an excellent tool for not only incident/injury reporting but also tracking trends.
- OHSAH is committed to ongoing quality improvement for areas of claims management, health history tracking and reporting and overall HR reporting needs.

Ensure that all new initiatives include an evaluation component.

Fully Implemented.

- All new Wellness and Safety initiatives being implemented by VIHA are evidence-based and are evaluated for effectiveness and efficiencies, as appropriate.
- Program examples include: Celebration of Excellence, PEARS/MSIP, Safety Sharps, New Employee Orientation and the Wellness Program.

Have senior management work with their Board members to determine what employee health and work environment indicators are important to collect and report on a regular basis, and how to evaluate if current policies, programs and resources are meeting employee and workplace needs.

Substantially Implemented.

- The Executive Management Committee has developed a series of indicators and a process for tracking and reporting on absence-related data and trends. These Work-Life Indicators are collated and presented bi-monthly to the Executive Management Committee and the HR Governance Committee of the VIHA Board of Directors.

Determine, in conjunction with the Ministry of Health Services, what indicators of employee and workplace health should be reported publicly on a regular basis.

Partially Implemented.

- VIHA has tabled the concept of industry-wide benchmarks for capturing and tracking short-term illness, workers' compensation, long-term disability and overtime rates. The Senior Human Resource Professionals (SHRP) Committee has agreed to share information and develop benchmarks.
- The recently redesigned VIHA website includes an accountability site that is accessible by the public. Site will be available mid-February 2006.

Provincial Health Services Authority

Summary of Status of Implementation by Recommendation 2004/2005 Report 2: In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers

As at December 31, 2005

Office of the Auditor General of British Columbia Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
To enhance leadership, the health authorities should:					
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Demonstrate in word and action that employee health and well-being are important to organizational success.	✓				
Put in place appropriate mechanisms to gather data on employee health indicators and work environment conditions. The health authorities should then incorporate the information into their human resource plans.			✓		
Develop costing information for the initiatives in their human resource and occupational health and wellness plans in order to understand their return on investment.	✓				
Ensure in conjunction with partner agencies, that all initiatives are well coordinated to maximize both the funds and effort being directed to creating a healthy work environment.	✓				
To promote a healthy work environment, the health authorities should:					
Ensure that their actions are consistent with their communications to staff.	✓				
Review the extent of managers' control and ensure that it is not beyond a limit to be effective.			✓		
Assess the work environment for risks to staffs' mental health and develop an action plan to mitigate the risks.			✓		

Summary of Status of Implementation

Office of the Auditor General of British Columbia Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
To promote a healthy work environment, the health authorities should: *(Cont'd)*					
Consider ways to promote a healthy lifestyle among their employees.		✓			
Ensure that their appointees to the Joint Occupational Health and Safety Committees attend meetings regularly and recognize occupational health and safety as part of their responsibilities.	✓				
Assess the work environment for risk of violence to staff safety and security and develop an action plan to mitigate the risks.			✓		
To monitor and report on the work environment, the health authorities should:					
Implement a human resources information system that will provide data needed for developing a comprehensive picture of employee and workplace health.			✓		
Ensure that all new initiatives include an evaluation component.	✓				
Have senior management work with their board members to determine what employee health and work environment indicators are important to collect and report on a regular basis, and how to evaluate if current policies, programs and resources are meeting employee and workplace needs.	✓				
Determine in conjunction with the Ministry of Health Services, what indicators of employee and workplace health should be reported publicly on a regular basis.			✓		

Provincial Health Services Authority

Progress on Implementing the Recommendations on 2004/2005 Report 2: In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers

As at December 31, 2005

Introduction

At the Provincial Health Service Authority, we are committed to Employee Wellness (and Safety) that emphasizes the importance of creating a safe and healthy work environment. We recognize the importance of supporting our employees by providing opportunities for creating a balance between the time we spend at work and the activities that contribute to our lives outside of work. Towards this end we have committed time and resources towards creating a healthy work environment in the broadest sense.

At PHSA, we recognize that employee health involves myriad complex factors. We have developed, and are working within, a holistic framework that supports and develops our employee's physical and mental well-being within the social context of a healthy organizational culture.

We have organizational initiatives throughout our Agencies specifically devoted to improving physical and mental health resiliency of employees. We have also developed a Portal/Intranet Web Wellness Resource Centre to provide online access to a number of important resources.

This document provides a Summary of Status of Implementation by Recommendation made in the document titled In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers, as well as an overview of PHSA's holistic health framework that form the context for the activities implemented or planned.

Summary of Status of Implementation

Background

The PHSA is Canada's first provincial health services authority. It is one of six health authorities in British Columbia—the other five health authorities serve geographic regions of B.C. PHSA's primary role is to ensure that B.C. residents have access to a coordinated network of high-quality specialized health care services.

PHSA operates provincial agencies including BC Children's Hospital, the BC Transplant Society, and Riverview Hospital. It is also responsible for specialized provincial health services like chest surgery and trauma services, which are delivered in a number of locations in the regional health authorities as well specialized programs that operate across several PHSA agencies.

Holistic Health Framework

The holistic health framework that we use to assess and plan employee wellness activities takes into account four aspects that contribute to our employees work-life balance: physical, mental, social and cultural health.

1) Mental Health

We understand that a satisfying job involves having sufficient control over the task, interpersonal and organizational requirements to meet the demands of the workplace. In order to support our employees develop Personal Control over Mental/Cognitive Demands, we support our employee's involvement in a broad Mental Health Promotion Initiative. This involves many elements, some of which include:

- Employee and Family Assistance Program
  Balancing work with family life, as well as coping with transition, can be particularly challenging. When concerns build-up over time they can begin to impact on everyone we associate ourselves with—our families, our children, our partners, our co-workers. Often, we are more familiar with giving care to others than taking care of ourselves. Our specialized Employee and Family Assistance Program (EFAP) was developed to assist employees and their families in dealing with a wide range of concerns.
- Personal Control over Organizational Demands through management coaching, resiliency and stress management workshops.
- Critical Incident Stress Management (CISM)
  We occasionally deal wit critical incidents including patient death in our

working days that reduce our resiliency and affect our ability to respond to situations at and away from work. For this reason, we provide timely Critical Incident Stress Management support for our employees during emotional crises. We provide ongoing intensive internal training of our volunteer staff to provide this valued service.

- We offer Mental Health Resilience training workshops to optimize the prevention and management of depression.
- We offer depression screening for high-risk cases who attend employee and family assistance programs to assist us in early identification of those requiring additional support treatment.
- We will soon be implementing periodic physical and psychological health monitoring for high-risk occupational groups as part of a mental health promotion initiative. This will also include distributing depression self-care material and promoting the importance of and development of positive mental health.
- PHSA is the diamond sponsor for the Canadian Mental Health Association Bottom Line Conference (http://www.cmha.bc.ca/bottomline/) "Progress Through Partnership," on depression, anxiety disorders and addictions in the workplace designed to focus employers, unions, and benefit providers on the monumental task of reducing the impact of stress, depression, anxiety disorders and addictions in the workplace. PHSA understands how management strategies to improve the workplace wellness can improve the bottom line, creating both healthier employees and organizations.

2) Physical Health

Workplace Wellness and Active Living at the PHSA Workplace.

There is a significant relationship between physical health, life satisfaction and employee engagement at work. We support our employees' physical health to improve the quality of their lives at work and home, and prevent illness. We have a number of PHSA sponsored activities that promote improved physical health. These include:

- Developing and financially supporting the first Health Work and Wellness conference sessions devoted specifically for improving the health, work and wellness of BC healthcare employees.
- Commissioning Graham Lowe to research the cost effectiveness of workplace wellness initiatives within the healthcare environments.

Workplace Wellness:

- Prevention of Violence and response to aggression (see attached program documents and working draft Violence in the Workplace Policy).
- Providing training for the Vancouver Sun Run.
- Supporting employees' personal control over environmental demands through ergonomics and industrial hygiene.
- Smoke-free environment: the PHSA Executive has approved a policy of moving towards a total smoke-free environment including buildings and grounds. This will be achieved incrementally working with the individual agencies and units over time. This will require considerable work to educate both staff, patients and their families and, in some cases, surrounding communities. Reducing smoking and exposure to second-hand smoke is a major undertaking that requires an effort that goes beyond just cessation and requires a focus not only on employees but also supportive environments for clients, patients and families and communities. This is a good example of how health care institutions can become health-promoting institutions.
- Nutrition and Healthy Weight Programs on-site.
- Organizational sponsorship for reduced membership fees for fitness and active living in the employees community.
- Yoga and Pilates classes available on-site.

3) Cultural Health

We are continually working towards an organizational culture that is able to recruit and retain top talent. Creating a healthy organizational culture is a multi-faceted approach where leaders demonstrate work-life balance in their own lives and create supportive policies and opportunities for continued learning and development to improve working lives through involvement in:

- Ongoing learning and development opportunities.
- Leadership training for clinical supervisors: leadership/coaching training is underway to improve the skill of managers to actually develop employees' capacity for taking control over their own workplace decisions and work.
- Advanced communications and coaching skills training for leaders.
- Involvement in work and facility design by employees involved in facility renovations.
- Flexible scheduling.

- Employee involvement wellness initiatives such as the joint employee assistance program coming in spring, 2006; transition to safer needles; and engagement surveys.

4) Social Health

We recognize that the fourth element of health is the social context within which our interpersonal relationships develop in the service of providing patient care. We provide opportunities for our employees to improve not only the quality of their relationships with their colleagues as well as relationships with their families and communities, providing group and personal development opportunities such as:

- Communication skill training.
- Support and involvement in Agency fundraisers and celebrations.
- Respect in the Workplace policy.
- Leadership, facilitation and coaching skills.

Intranet Web Wellness Resource Centre:

We provide employees with access to important web-based resources to balance their home and work demands with vast information sources on Mental, Physical, Social and Cultural Health. Please see the Wellness information Resource Centre page in the accompanying binder.

Within this holistic health framework context, the following detailed summary provides an overview of the status of the Auditor General's Recommendations and Implementation Status. The enclosed binder provides documentation supporting the status of implementation of each recommendation targeting the three areas of leadership, a healthy work environment and evaluation.

To enhance leadership, the health authorities should:

Ensure that the health of the work environment is included in the performance appraisal of all senior and frontline managers.

Partially Implemented.

- PHSA commitment to Employee Wellness and Safety and Policy.
- Employee Performance Development Plan criteria for non-contract staff: encourages collaborative processes to identify workplace development opportunities and barriers. Managers meet with their leaders to discuss their goals and objectives, status, and identify needs for assistance.

Results are reviewed and requests for assistance are discussed and considered to ensure individual and overall effectiveness. These ongoing conversations assist with providing improved levels of control for managers in their working environments.

- A core competency for all non-contract staff is the commitment to and demonstration of the regulations and standards relating to Occupational Health and Safety as well as an expectation that they comply and promote the relevant policies, procedures and programs. An evaluation forms part of the performance review process for each employee.

Demonstrate in word and action that employee health and well-being are important to organizational success.

Fully Implemented.

- PHSA commitment to Employee Wellness and Safety and Policy.
- Supervisor and Staff Training in Enhanced Performance in Safety (STEPS) handbook.
- Conversion to Safe Needles Initiative.
- WCB Ceiling Lift Report.
- Draft Musculoskeletal Injury Prevention and Safety policies (Workplace Inspection, Injury/Incident Reporting, Asbestos Management, Respirator Protection, Contractor Safety, Cytotoxic Safety, Health and Safety Commitment, Hazard reporting, Handling and Disposing of Sharps, Musculoskeletal Injury Prevention, Safe Patient Handling ("No Lift")).
- Financial and leadership commitment to Mental Health Promotion and Management.
- Financial and leadership commitment to Wellness Initiatives across PHSA including: a Wellness Coordinator, corporate reductions at Fitness Centres, and variety of wellness offerings — Yoga, Pilates, stress reduction, etc.
- Employee and Family Assistance Program (EFAP) for all staff and joint EFAP committee formation.
- Annual full day safety training for all Joint Occupational Safety and Health (JOSH) committee members.
- Critical Incident Stress Management (CSIM) training and staffing to support frontline clinical employees.
- Reviewing the potential flexible work arrangements as part of work-life balance.
- Organizational-wide Influenza and TB (tuberculosis) campaigns.

Summary of Status of Implementation

- Respectful Workplace Policy and training.
- Advanced Communications Training for HR leaders to improve emotional intelligence and relationship skills—pilot to eventually roll out to all leaders.
- Employee Retention Initiative that supports commitment to employee wellness.
- Through the recognition that the employee-supervisor relationship affects health and retention, developed and delivering leadership training to all managers.
- Restructured the Employee Wellness and Safety Group and hired a corporate director so that employee wellness and safety are represented at the senior executive and Board level.
- Intranet ('Portal') developed with tremendous resources for employee wellness and safety.
- Staff Assault Management Program.
- Safety education in orientation and ongoing opportunities.
- Contractor Safety Program.
- Respirator safety and fit-testing program.
- Ergonomics consultations as part of new facility design and purchasing requirements.
- Ergonomic and safety consultations available across the authority.
- New equipment ergonomics and safety consultations—product standardization.
- Staff and supervisor training in safety and ergonomics.
- Safe lifting and transferring education.
- Non-violent crisis intervention training.
- Fire safety courses.
- Latex exposure management protocols.
- WHMIS course (online).
- Blood and Body Fluid protocols developed.
- Discounts of fitness and wellness activities at the Vancouver Community and Fitness Centre (available 24 hours at three sites to accommodate our shift workers).
- Critical Incident Stress Management Training.
- Interdisciplinary systems interventions for improving organizational culture and effectiveness.

- Pilot project/research on the effectiveness of team culture on patient and staff safety.

Put in place appropriate mechanisms to gather data on employee health indicators and work environment conditions. The health authorities should then incorporate the information into their human resource plans.

Partially Implemented.

- PHSA uses the PeopleSoft database for tracking employee health indicators and work environment conditions. PHSA is implementing the Occupational Health and Safety Agency (OHSAH) WHITE (Workplace Health Indicator Tracking and Evaluation) database, which provides significantly more ability for tracking trends and evaluation. In addition, we are implementing the EPINet database, which provides standardized methods for recording percutaneous injuries and blood and body fluid contacts.

Develop costing information for the initiatives in their human resource and occupational health and wellness plans in order to understand their return on investment.

Fully Implemented.

- Our Prevention, Protection and Promotion Division has integrated cost benefit business case requirements that clearly outlines the costs and associated ROI for primary prevention/wellness initiatives.

Ensure in conjunction with partner agencies, that all initiatives are well coordinated to maximize both the funds and effort being directed to creating a healthy work environment.

Fully Implemented.

- In the service of healthy work environment development, PHSA partners work closely with other agencies and health authorities including OHSAH, Healthcare Benefit Trust, WCB, Ministry of Health, and the regional health authorities. Documentation provided:
  - Employee Wellness and Safety Director meeting minutes.
  - Health Canada/OHSAH grant for Stress in the Workplace Clinical Initiative.
  - Letter of Understanding with Healthcare Benefit Trust for Mental Health Promotion activities.
  - Employee Family Assistance Program Minutes (in conjunction with Vancouver Coastal and Fraser Health Authorities).

  - — Violence in the Workplace Joint Union/Management Committee, convened by OHSAH.
  - — Musculoskeletal Injury Prevention Steering Committee—all health authorities (HAs, WCB and HBT).
- BC Safety Advisor Group meetings—all health authorities.

To promote a healthy work environment, the health authorities should:

Ensure that their actions are consistent with their communications to staff.

Fully Implemented.

- Refer to the body of this report for actions communicated and taken in support of a healthy workplace.
- We have approved, communicated and provided training related to PHSA's organizational commitment to Employee Wellness and Safety.
- We have regular communications in print, email and online media to reach all of our employees to ensure that they are aware of the organizational commitment and support to employee wellness and safety offerings to enhance our work environment. Please refer to the attached examples that include reference to safe needle stick conversion, influenza campaigns, respirator fit testing as examples. These print and online resources also demonstrate the leadership examples our agency presidents leading the flu campaign by being first to receive their immunizations. Also please refer to the article "Walking the talk—community integration for mental health care" in the October, 2005 edition of Pulse that shows leadership and front line consistent messaging and leadership example.
- We have developed numerous operating safety policies to ensure consistency across all levels of our organization.

Review the extent of managers' control and ensure that it is not beyond a limit to be effective.

Partially Implemented.

- We have a Human Resources performance review process where managers meet with their leaders to discuss their goals and objectives, status, and identify needs for assistance. Results are reviewed and requests for assistance are discussed and considered to ensure individual and overall effectiveness. These ongoing conversations assist with

providing improved levels of control for managers in their working environments.

Assess the work environment for risks to staffs' mental health and develop an action plan to mitigate the risks.

Partially Implemented.

- Mental Health Executive Sub-committee formation, training over the last year to senior leaders.
- Letter of Understanding signed with Healthcare Benefit Trust to provide Mental Health Promotion activities including baseline assessments and training.
- OHSAH package—Risk Assessment through focus groups and surveys at three levels of the organization followed by participative intervention development.
- Baseline Mental Health Surveys—HBT (as part of overall health risk appraisal).

Consider ways to promote a healthy lifestyle among their employees.

Substantially Implemented.

- Please refer to the Integral/Holistic Wellness framework approach with four elements of health.
- Executive Mental Health sub-committee committed funding mental health awareness, assessments and supportive resilience training.
- Funded smoking cessation policy and program development.
- Funded wellness initiatives and coordinator.
- Supportive substance abuse policy in place.
- Intranet/portal resources.

Ensure that their appointees to the Joint Occupational Health and Safety Committees attend meetings regularly and recognize occupational health and safety as part of their responsibilities.

Fully Implemented.

Assess the work environment for risk of violence to staff safety and security and develop an action plan to mitigate the risk.

Partially Implemented.

- Revised Violence Policy.
- Violence reference documents.
- Ongoing training in non-violent crisis intervention in high-risk areas.
- Corporate Director is a participating member of the Provincial Steering Committee for Violence Prevention coordinated by OHSAH. This has included participating in the Preventing Violent and Aggressive Behaviours in Healthcare Workshop on June 7, 2005.

To monitor and report on the work environment, the health authorities should:

Implement a human resources information system that will provide data needed for developing a comprehensive picture of employee and workplace health.

Partially Implemented.

- The PHSA uses PeopleSoft as our HRIS. We are building the foundation through ensuring data integrity and restructuring system aligned with our organizational structure to provide the most useful metrics and reports.
- In addition to PeopleSoft reports we also report on lost time and turnover data, EFAP utilization; Long term Disability and WCB trends.
- The metrics of employee health have crystallized to some extent to include measures such as: absenteeism, disability time-off and payments, turnover rates and, further some measures such as presenteeism, mental health, and decision latitude/control.

Ensure that all new initiatives include an evaluation component.

Fully Implemented.

- Our Prevention, Protection and Promotion Division has integrated cost benefit business case requirements that clearly outline the costs and associated ROI for primary prevention/wellness initiatives. See the Wellness Initiative proposal.

Have senior management work with their Board members to determine what employee health and work environment indicators are important to collect and report on a regular basis, and how to evaluate if current policies, programs and resources are meeting employee and workplace needs.

Fully Implemented.

- The Board of Directors and the Senior Executive have agreed-upon metrics to report on agreed upon employee health and work environment indicators.
- The wellness and safety metrics will be reported at a level that is meaningful to department operating management. Department management will receive monthly reporting by their area.
- The metrics will also be reported on a macro basis (excluding Children's Hospital, Cancer Agency, etc.) and rolled up to summary data for PHSA as an organization. Evaluation of the success of our policies and programs will, to a large extent, be based on improvements in our key measures against targets that will be established.

Determine, in conjunction with the Ministry of Health Services, what indicators of employee and workplace health should be reported publicly on a regular basis.

Partially Implemented.

Appendix A

Timetable of Reports Issued and Public Accounts Committee Meetings on In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers

June 2004 Office of the Auditor General issues 2004/2005 Report 2: In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers. The report included 15 recommendations.

November 2004 The Select Standing Committee on Public Accounts reviews our report.

January 2005 The Select Standing Committee on the Public Accounts' review of the report tabled in the Legislative Assembly.

Appendix B

Select Standing Committee on Public Accounts — Legislative Assembly of British Columbia: Guide to the Follow-Up Process

About the Committee

The Select Standing Committee on Public Accounts is an all-party select standing committee of the Legislative Assembly. The committee is currently composed of 14 members, including a Chair and Deputy Chair. The committee is supported in its work by the Office of the Clerk of Committees, which provides procedural advice, and administrative and research support.

The committee's Terms of Reference include, but are not limited to, the following powers:

- Consider all reports of the Auditor General which have been referred to the committee by the Legislative Assembly.
- Sit during a period in which the House is adjourned or recessed.
- Send for persons, papers and records.
- Report to the House on its deliberations.

Committee Meetings

Dates of committee meetings are posted on the Legislative Assembly website at www.leg.bc.ca/cmt/ . Committee proceedings are recorded and published in *Hansard*, which is available on the same website. The Auditor General and the Comptroller General are officials of the committee, and are usually present at committee meetings. During meetings, representatives of the Auditor General's office make a presentation of their audit findings.

Representatives of audited organizations also attend as witnesses before the committee, and provide information to the committee regarding actions taken to address the Auditor General's recommendations. Following each presentation, committee members are provided with the opportunity to ask questions of witnesses. Members of the Legislative Assembly may examine, in the same manner, witnesses, with the approval of the committee.

Appendix B

After initial consideration of a report, the committee often wishes to follow-up the progress made in implementing the Auditor General's recommendations, or recommendations made by the committee to the House, and adopted by the House. The procedures for follow-up reviews carried out by the Auditor General are outlined below.

The Follow-up Process

1. About twelve months after an audited organization's appearance before the committee, representatives of the Auditor General's office will request representatives of the audited organization that a progress update be provided to the Office of the Auditor General within a period of time (usually one month).

2. Audited organizations must prepare a written response in the format noted below, and direct it to the Office of the Auditor General. In drafting the written response, organization representatives may wish to consult with the Office of the Comptroller General, and/or the Office of the Auditor General. As well, the Office of the Clerk of Committees would be pleased to answer any questions regarding the work of the committee, and committee procedure.

3. All written responses submitted by audited organizations are reviewed by the Office of the Auditor General to confirm the fairness of information about the progress made in implementing the recommendations contained in the Auditor General's report.

4. After completion of his review, the Auditor General issues a report to the Legislative Assembly, which includes the Auditor General's opinion on the status provided by the organization. The report is referred to the Select Standing Committee of Public Accounts.

5. Following review of the Auditor General's report, the committee may request that representatives of the audited organization appear before the committee to provide further information, or that further information be provided to the committee in written form.

6. The Office of the Comptroller General will arrange for witnesses to attend where the committee has asked for a presentation based on the written follow-up.

Appendix B

Format of Written Responses

Written follow-up information prepared by audited organizations in response to a request from the Office of the Auditor General should include the following items:

- Date of the written response.
- A brief introduction to and summary of the topic being considered, including a reference to the period during which the audit was conducted, date(s) the audit was considered by the Public Accounts Committee, and how many of the recommendations have been fully implemented, substantially implemented, partially implemented, alternative action taken and no action taken to date.
- A brief response to each recommendation made by the Auditor General and by the Public Accounts Committee (unless specifically advised to address only particular recommendations), including all actions taken to implement each recommendation.
- A work plan for implementation of the Auditor General's and the Public Accounts Committee's recommendations, including information on the means by which each recommendation will be implemented, time frames for implementation, identification of branches with primary responsibility for implementation, and procedures in place to monitor progress in implementing the recommendations.
- Any other information relevant to the Auditor General's or Public Accounts Committee's recommendations, including planned or current projects, studies, seminars, meetings, etc.
- Contact information for ministry/government organization representatives who have primary responsibility for responding to the Auditor General's and Public Accounts Committee's recommendations (name, title, branch, phone and fax numbers, e-mail address).
- The reports are to be signed by a senior official responsible for the area, normally a Deputy Minister, an Assistant Deputy Minister or Vice-President.
- Reports should be relatively brief (e.g. 5–10 pages), although attachments are acceptable. If guidance is needed in preparing the follow-up report, please contact any of the offices noted below.

Appendix B

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Appendix C

Office of the Auditor General: Follow-up Objectives and Methodology

Purpose of Following Up Audits

The Office conducts follow-up reviews in order to provide the Legislative Assembly and the public with information on the progress being made by government organizations in implementing the recommendations arising from the original work. Performance audits are undertaken to assess how government organizations have given attention to economy, efficiency and effectiveness.

The concept of performance audits is based on two principles. The first is that public business should be conducted in a way that makes the best possible use of public funds. The second is that people who conduct public business should be held accountable for the prudent and effective management of the resources entrusted to them.

The Nature of Audit Follow-ups

A follow-up of an audit comprises:

1. requesting management to report the actions taken and to assess the extent to which recommendations identified in the original audit report have been implemented;

2. reviewing management's response to ascertain whether it presents fairly, in all significant respects, the progress being made in dealing with the recommendations;

3. determining if further action by management is required and, consequently, whether further follow-up work by the Office will be necessary in subsequent years; and

4. reporting to the Legislative Assembly and the public the responses of management and the results of our reviews of those responses. While a follow-up of an audit focuses on progress made, it is not intended to assess whether or not the rate of progress has been satisfactory.

The Nature of a Review

A review is distinguishable from an audit in that it provides a moderate rather than a high level of assurance. In our audits, we provide a high, though not absolute, level of assurance by designing procedures so that the risk of an

inappropriate conclusion is reduced to a low level. These procedures include inspection, observation, enquiry, confirmation, analysis and discussion. Use of the term "high level of assurance" refers to the highest reasonable level of assurance auditors provide on a subject. Absolute assurance is not attainable since an audit involves such factors as the use of judgement, the use of testing, the inherent limitations of control and the fact that much of the evidence available to us is persuasive rather than conclusive.

In a review, we provide a moderate level of assurance by limiting procedures to enquiry, document review and discussion, so that the risk of an inappropriate conclusion is reduced to a moderate level and the evidence obtained enables us to conclude the matter is plausible in the circumstances.

Scope of Audit Follow-ups

The follow-ups focus primarily on those recommendations that are agreed to by management at the time of the original audit or study. Where management does not accept our original recommendations, this is reported in managements' responses to the original audit reports. Since our reports are referred to the Legislative Assembly's Select Standing Committee on Public Accounts, management's concerns with our recommendations in some cases are discussed by the committee, which may also make recommendations for future action. If the committee endorses our recommendations, we include them in a follow-up. We also include any other recommendations made directly by the committee.

Frequency of Reporting on Audit Follow-ups

We follow the process agreed to between the Office of the Auditor General, the Office of the Controller General and the Public Accounts Committee (Appendix B).

Review Standards

We carry out our follow-up reviews in accordance with the standards for assurance engagements established by the Canadian Institute of Chartered Accountants.

Methods of Obtaining Evidence

Our reviews involve primarily enquiry, document review and discussion.

Enquiry consists of seeking appropriate information of knowledgeable persons within or outside the entity being audited. Types of enquiries include formal written enquiries addressed to third parties and informal oral enquiries

addressed to persons within the entity. Consistent responses from different sources provide an increased degree of assurance, especially when the sources that provide the information are independent of each other.

Document review consists of examining documents such as minutes of senior management meetings, management plans, and manuals and policy statements to support assertions made in management's written report.

Discussion consists primarily of interviews with key management and staff, as necessary, for further verification and explanation.

Appendix D

Office of the Auditor General: 2006/2007 Reports Issued to Date

Report 1 – April 2006

Strengthening Public Accountability: A Journey on a Road that Never Ends

Report 2 – September 2006

The 2010 Olympic and Paralympic Winter Games: Review of Estimates Related to the Province's Commitments

Report 3 – November 2006

Audit of Treaty Negotiations in British Columbia: An Assessment of the Effectiveness of British Columbia's Management and Administrative Processes

Report 4 – December 2006

Province of British Columbia Audit Committees: Doing the Right Things

Report 5 – December 2006

Audit of Government's Corporate Accounting System: Part 2

Report 6 – December 2006

Monitoring Government's Finance Province of British Columbia

Report 7 – December 2006

Government's Post-secondary Expansion—25,000 Seats by 2010

Report 8 – December 2006

Changing Course—A New Direction for British's Columbia's Coastal Ferry System: A Review of the Transformation of BC Ferries

Report 9 – January 2007

Seeking Best Practices in Financial Reporting: Report on the Province's 2005/06 Public Accounts

This report and others are available on our website at:
http://www.bcauditor.com

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